

How are  
our kids?

# **How Are Our Kids?**

**Children and Families  
in Tallaght West, Co. Dublin**

The Childhood Development Initiative  
and  
Dartington Social Research Unit

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**Katherine Zappone**  
**Project Leader**  
**Tallaght West, 2004**

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## **Preface to the second edition**

On October 18, 2004 the Tallaght West Childhood Development Initiative (CDI) held a public meeting in Tallaght, Co. Dublin to launch this research report.

Approximately 200 individuals were present at the meeting, including local TD's and county councillors. The CDI intentionally chose the format of a 'public meeting' to launch the research instead of a more traditional 'speeches by the authors' format. We wished to formally engage the communities of Tallaght West in the development of what we view as a unique opportunity to bring about substantial and lasting change in the lives of children and families in Tallaght West. We wanted to hear what they think and to take this into account as we move to the next phase of this initiative, which is to develop a 10 year strategy to bring about measurable improvement in the healthy development and educational achievement of the children in Tallaght West.

The community response to this report included what they liked about the research, what concerns they had, and what they felt were some of the most important challenges that must be addressed so that the CDI could meet its goals and objectives. The CDI promised that it would take these responses into account and come back to the community.

There were four primary areas of concern:

- (1) the negative media coverage associated with the publication of the research;
- (2) the methodology employed in the research, particularly its claim to be representative of the community;
- (3) questions with regard to understanding the meaning of some of the statistical findings;
- (4) ways of ensuring ongoing community participation in the development of the 10 year strategy.

This second edition to the research report is an attempt to respond to many of the questions and concerns that were raised at the public meeting that evening.

### **Negative media coverage**

We have recorded and analysed the negative coverage that this report attracted. Our view is that while the print media—especially through the headlines and photographs—emphasised much of the negative aspects at the expense of the positive ones identified in the research—the television and radio coverage presented a more balanced view of the positive developments going on in Tallaght West, as well as the extraordinary commitment of community leaders, service providers, parents and elected representatives. In the majority of television and radio interviews, residents of the community spoke of their own experiences—presenting a balanced view of the positive and challenging aspects of raising children in Tallaght West.

The research report itself made every effort to identify the strengths of families and the capacities of the children alongside the difficulties experienced in day-to-day life. As

outlined in the second paragraph of the Executive summary (and contained in the full report):

‘These four communities display many of the indicators of poverty well known in Ireland, but they also possess a population who consider Tallaght West their home and are dedicated to making sure that their children can reach their potential, in childhood through to adulthood. The empirical research presented in this document, while describing many of the worrying elements of daily life in the area, also explores the strengths in these communities and outlines the viable ground for a realistic and lasting ten-year plan of action.’

While this is our analysis, we can also say that we have learned from this experience and from the response of the community. We will take into account all of the lessons learned prior to release of any additional pieces of research and the publication of our 10-year strategy.

### **The methodology**

79 families with 187 children were the randomly selected sample for this community survey. The methodology section of this second edition contains additional information on how the sample was selected, and the strengths and weaknesses associated with the particular sampling method employed.

As with any scientific study, it is important to keep in mind that the sample size is not directly related to the size of the population. The sample size depends on a number of factors, including how much accuracy is required and the statistical requirements for achieving this, the homogeneity of the population (the higher this is the smaller the sample can be) and resources of time and money. With these and other factors in mind, Dartington deemed that the number of families surveyed was sufficiently large for the purposes of the study, and that it is broadly representative of all children and families in the Tallaght West area.

Before we published the research a number of residents and parents from the community were informed of the results emerging from this randomly selected sample.

Conversations with them not only helped us to understand better the meaning of our results, they also confirmed that both the positive and difficult circumstances reflected their own experiences and those of others in the community.

This is not to say that our scientific study—like any other scientific study—does not contain a margin of error. With more time and more resources we are conducting additional research that will reduce this margin of error. So, for example, we are researching the number and type of children services within the communities by surveying the schools and out-of-school services. And, South Dublin County Council has informed us that they are implementing an accelerated heating installation programme for all local authority houses in the four communities.

What’s important to keep in mind is that our primary rationale for conducting research is to ensure that the 10-year strategy developed will build on what we have, will revise

current services and design new ones on the basis of the evidence of need and capacity within the communities.

### **Statistics**

This report contains many statistics. The questions raised at the public meeting encouraged us to look again at the meaning of the variables that the statistics refer to. For example, questions were raised about the meaning of school absenteeism, children and adult depression, and anti-social behaviour. The findings section of this edition provides additional information on how the statistics were interpreted and offers more precise information about the nature of what is being reported. We have also provided an added emphasis to the qualitative aspects of the research results. The qualitative analysis is equally important to the quantitative information in the design of the 10-year strategy. Taken together they provide a more fine-grained picture of the needs and capacities of the communities.

### **Community participation in the development of the 10-year plan**

Participation by those who live in the community is core to the work of the CDI. We have five community residents on the consortium of the initiative. We are initiating a round of children's participation sessions in each of the schools in the four communities. We are very keen to hear from the children themselves about what will support them to reach their potential and to develop their innate capacities. We are conducting a series of consultation sessions with parents in each of the communities and sessions with principals, teachers, health service providers, local councillors, estate management committees, the Gardai and all key stakeholders who work within the community.

We have decided to publish a 'Community Newsletter' over the course of the next six months as an additional mechanism to continue the exchange of views between the CDI and members of households in Tallaght West. We will be adding members to the sub-groups of the consortium to provide another vehicle for community participation. We are open to any suggestions from community members for other ways to ensure that they can feed into the development of the plan, and to ensure that they will be informed of the revised and additional services that will be coming on stream for themselves and their children.

We have set our sights high for the communities of Tallaght West. We celebrate the tremendous level of community leadership and community activity that already exists where we live and work. We know that the 10-year Plan will not be sustainable unless it is truly representative of the vibrancy, strengths and desires of the community itself. We look forward to our ongoing conversation with you.

**Katherine Zappone**  
**Project Leader and co-author of this report**  
**25<sup>th</sup> November, 2004**

# SECTION 1

## CONTEXT OF RESEARCH

### INTRODUCTION

‘How are our kids?’ It’s a simple and straightforward question - one that any parent in Ireland will occasionally ask. In the case of Tallaght West this question is particularly urgent. The research presented in this document shows that the majority of children in Tallaght West are carrying a disproportionate burden of the inequality and poverty which exists in Irish society as a whole - at least one in three children in this area is likely to be living in poverty. Before the parents and guardians of these children can answer ‘our kids are doing well’ change is required and that change must be lasting.

The Childhood Development Initiative in Tallaght West began in early winter of 2003 when a group of people living and working in the region came together because they were seriously concerned about the children in their communities.<sup>1</sup> In spite of spectacular national economic progress, the children in Tallaght West continue to live in one of the most marginalised and disadvantaged geographical areas of the country. The region is characterised by high unemployment, high numbers of local authority housing and difficult social issues.

It is also a place with many home-grown community leaders, residents resilient amidst poverty, and professionals from the community, voluntary and State sectors working together on various independent and government-sponsored initiatives.

Notwithstanding all the effort and work that has gone on in the region over the last number of years, parents and professionals know that the majority of children in the area are still not receiving sufficient developmental and educational support to reach their full potential - as children. Without this, they have significantly less chance than other children from more prosperous regions of becoming independent, self-respecting adults taking an active part in social and economic life.

This research is part of the Childhood Development Initiative in Tallaght West. We are asking ‘how are our kids?’ because we know that, on various levels, many are not doing well and we are determined to do something about it. We want to know how these children and families are coping in the midst of challenging circumstances. We want to know exactly what conditions exist that support their developmental capacities, so that these can be built upon. We want to obtain a better understanding of what their actual needs are so that we can advocate for, and put in place, services that meet those needs.

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<sup>1</sup> The Childhood Development Initiative is comprised of parents, residents and professionals from 23 organisations and groups working in the statutory, voluntary and community sectors of Tallaght West. A full listing is contained on the back cover. Since the 1<sup>st</sup> edition of this report was published South Dublin County Council, IACI (Integration of African Children in Ireland) and St Aidan's Travellers' Youth Service have joined the CDI consortium. The four areas of Tallaght West are Brookfield, Fettercarin, Jobstown and Killinarden.



## IRELAND AND TALLAGHT WEST

Our children are growing up during a prosperous era in Ireland. For the past 15 years Ireland has been on an economic up-swing. In particular, its performance has improved dramatically since 1994, with exceptional growth rates in comparison to past Irish performance and to most other countries in the world.<sup>2</sup> Recent reports from the Economic and Social Research Institute predict continued growth for the future.<sup>3</sup> We have experienced an unprecedented rise in the number of people in employment, as well as dramatic decreases in unemployment, which have resulted in significant increases in living standards for the majority of the population.

This has not been matched, however, in terms of performance as a society, and the numbers of those living in relative income poverty are not being reduced.<sup>4</sup> According to the most recent data available (2001), almost one in every four households in Ireland is living in poverty.<sup>5</sup> Approximately 250,000 members of these households are children. This means that almost one in every four Irish children is living in poverty.<sup>6</sup>

How does Tallaght West fare in relation to this broad national snapshot? How has the general prosperity of the country impacted upon the lives of children and their families in the four communities of Brookfield, Fettercairn, Jobstown and Killinarden? Of those children who are poor across the country, how many of them are living in our communities?

### TALLAGHT WEST - A GROWING POPULATION AND A YOUNG POPULATION

**The population of Tallaght West increased by over 18% between 1996 and 2002, which is over twice the national rate of population growth in that period.**

**One in three individuals in Tallaght West is under the age of 15 years. The proportion of individuals under the age of 15 years in Tallaght West is 12 percentage points higher than the national average.**

GAMMA figures drawn from Census 2002 reveal that the overall population of Tallaght West is 21,026 individuals. This represents a dramatic increase of 18.3% in overall population figures from the previous census of 1996. This rate of demographic change is significant, particularly when compared with a population growth of only 5.7% Tallaght-wide and 8% nationwide for the same period.

<sup>2</sup> Ireland's average annual GDP growth rate for the 1990's is 7.9. This compares, for example with a 3.4 USA average, or a 2.2 UK average (World Bank, World Development Report 2000/2001).

<sup>3</sup> In their Quarterly Economic Commentary (Autumn 2004), the ESRI expects GDP to increase by 5.2% in 2004 and 5.4% in 2005.

<sup>4</sup> ESRI, 2004.

<sup>5</sup> In 2001, 23.8% are living at the 50% poverty line (ESRI, Whelan et al 2003). In 2004 terms, the 50% poverty line is equivalent to €418 per week for a couple with 2 children (CORI, 2004).

<sup>6</sup> ESRI- Living in Ireland Survey 2001.

Tallaght West is characterised by large numbers of young people. Approximately 33% of the population is under 15 years of age, while over half the population (54%) is under 25 years of age.

Table 1 below gives an overview of the age profile of Tallaght West compared to Tallaght-wide and national averages.

**Table 1: Age profile of Tallaght West (% of population) compared to all of Tallaght and the national average (Census 2002)**

|                  | <b>0 - 14</b> | <b>15 – 24</b> | <b>25 – 44</b> | <b>45 – 64</b> | <b>65 – 74</b> | <b>75+</b> |
|------------------|---------------|----------------|----------------|----------------|----------------|------------|
| Tallaght West    | 33%           | 21.6%          | 29.4%          | 14.6%          | 0.9%           | 0.4%       |
| All Tallaght     | 24.5%         | 21.4%          | 29.6%          | 21.1%          | 2.3%           | 1.1%       |
| National average | 21.1%         | 16.4%          | 30.1%          | 21.2%          | 6.3%           | 4.9%       |

An analysis of the child population under 15 years of age<sup>7</sup> in Tallaght West reveals 6,956 individuals in this category, comprising 33% of the overall population across the area.

A further breakdown indicates that of the 6,956 individuals in question:

- 22.2% (1,542) are under the age of three years.
- 28.4% (1,978) are aged 3-6 years (i.e. children eligible for early years education).
- 62.7% (3,436) are aged 5 years and over (i.e. children of school-going age, children eligible for after-school and out-of-school activities, etc).

From these statistics it can be seen that proportionally, there are more children between the ages of 0 –14 in Tallaght West than there are in the entire country.

#### **DIVERSITY IN THE COMMUNITY**

**Almost 7% of the Tallaght West population lives with a disability, of whom one in six is under the age of 15 years.**

**Nine percent of the people living in Tallaght West is of nationality other than Irish, almost two percentage points higher than the national average.**

**Travellers account for less than 1% of the entire Tallaght West population.**

The communities and population of Tallaght West cannot be viewed as homogenous and it is important to realise that there are significant minorities of diverse people living in the area. Key indicators of this diversity include the numbers of people with a disability, the number of residents from international backgrounds and the number of Travellers across the four communities.

<sup>7</sup> This analysis is important given that the Childhood Development Initiative is concerned primarily with the well-being, learning and development of children in the 0 -14 age category.

## Disability

Just over 1,400 people in Tallaght West are living with a disability<sup>8</sup>, 6.7% of the entire Tallaght West population. The proportion of people with a disability in Tallaght-West is in keeping with figures for all of Tallaght (6.6%) and slightly less than the national average of 8.2%.

However, it is particularly notable within the context of the Childhood Development Initiative that, among those with a disability in Tallaght West, 14.6% are aged under 15 years.<sup>9</sup> This compares starkly to a figure of 8.6% for all of Tallaght and 5.3% nationally.

**Table 2: Percentage of persons with a disability in Tallaght West, all of Tallaght and the national average (Census 2002)**

|                 | General population | Population under 15<br>years |
|-----------------|--------------------|------------------------------|
| Tallaght West   | 6.7%               | 14.6%                        |
| All of Tallaght | 6.6%               | 8.6%                         |
| Nation average  | 8.2%               | 5.2%                         |

## Residents from international backgrounds

Approximately 9% of the Tallaght West population is of a nationality other than Irish.<sup>10</sup> 2% of residents across the four communities are originally from the UK, while the remaining 7% are of another nationality unspecified by the census. These figures are reasonably similar to figures for Tallaght as a whole. However, the proportion of residents from international backgrounds in Tallaght West is almost 2% higher than the national average. Equally, the proportion of international residents whose nationality is other than Irish or British in Tallaght West is 2.6% higher than the proportion nationally.

**Table 3: Nationality of population in Tallaght West, all of Tallaght and nationwide**

|                  | Nationality: Ireland | Nationality: UK | Nationality: Other |
|------------------|----------------------|-----------------|--------------------|
| Tallaght West    | 91.0%                | 2.0%            | 7.0%               |
| All of Tallaght  | 91.9%                | 1.6%            | 6.6%               |
| National average | 92.9%                | 2.7%            | 4.4%               |

## Travellers

Census 2002 indicates that Travellers account for approximately 0.6% of the entire population of the Irish state. Drawing on Census data from 1996, the West Tallaght RAPID Area Action Plan (2002) suggested that Travellers represented 0.8% of the entire Tallaght West population at that time. This figure of 0.8%, though somewhat dated, is in accordance with Census 2002 figures for Travellers in the South County Dublin area.

<sup>8</sup> GAMMA analysis of Census 2002.

<sup>9</sup> Accounting for 2.3% of the age-group across Tallaght West.

<sup>10</sup> Census 2002.

Information on the social groupings above illustrates that Tallaght West is a community of diverse people, with diverse needs and capacities. It also illustrates that social groupings recognised nationally as most vulnerable to poverty and social exclusion (i.e. people with disabilities, Travellers and others from minority ethnic backgrounds) are clearly present in Tallaght West and in proportions higher than the national average.

#### **UNEMPLOYMENT IN TALLAGHT WEST – IMPROVING SITUATION, BUT STILL A SIGNIFICANT PROBLEM**

**One in ten people aged 15 years and over in Tallaght West is unemployed.**

**Census 2002 figures indicate that the proportion of unemployed people in Tallaght West is over twice the national average**

While the rate of unemployment in Tallaght West was reduced by more than 33% between 1996 and 2002, 10.6% of the entire Tallaght West population aged over 15 years remains unemployed, while a further 4.6% are unable to work.<sup>11</sup> While the proportion of the population unable to work is only marginally higher than figures for all of Tallaght and for the country as a whole, the proportion of unemployed people in Tallaght West is over 4% higher than Tallaght-wide figures and is over twice the national average.<sup>12</sup>

**Table 4: Percentage of persons aged 15 years or more that are unemployed in Tallaght West, all of Tallaght and national average (Census 2002)**

|                  | <b>Population unemployed (%)</b> | <b>Population unable to work (%)</b> |
|------------------|----------------------------------|--------------------------------------|
| Tallaght West    | 10.6%                            | 4.6%                                 |
| All of Tallaght  | 6.2%                             | 4.1%                                 |
| National average | 4.5%                             | 4.2%                                 |

<sup>11</sup> Census 2002.

<sup>12</sup> It is important to note that all of these figures are drawn from Census 2002 and are not the most up-to-date figures on employment and unemployment in the country. According to our survey, however, the trend appears to be getting worse since in 50% of households surveyed neither parent is in full or part-time employment

## LONE PARENT HOUSEHOLDS IN TALLAGHT WEST

**One third of all households in Tallaght West are headed by a lone parent – over twice the national average.**

**Just under a quarter of all households in Tallaght West are headed by a lone parent with at least one child under the age of 15 years.**

Census data reveals that almost one in three (32.6%) households in Tallaght West is headed by a lone parent. Just under 24% of all households are headed by a lone parent with at least one child under the age of 15 years.

Further analysis of the census data indicates that lone parent households with all children under the age of 15 years represent 17.4% of all households in Tallaght West.

Given that lone parent-headed households are among those at greatest risk of poverty in Ireland, it follows that the vulnerability of children in lone parent households to poverty is also high.

These figures indicate remarkably high numbers of lone parent families in the Tallaght West region, particularly when compared with Tallaght-wide figures and national averages. For example, the proportion of lone parent households in Tallaght West is almost 14% higher than the proportion for all of Tallaght and is 2.5 times higher than the national average. Additionally, the proportion of lone parent households with at least one child under 15 years is over twice that of Tallaght and over four times the national average.

**Table 5: Proportion<sup>13</sup> of Lone Parent households in Tallaght West compared to all of Tallaght and national average (Census 2002)**

|                  | <b>Lone parent households</b> | <b>Lone parent households – all children &lt;15 years</b> | <b>Lone parent households – at least one child &lt;15</b> |
|------------------|-------------------------------|---|---|
| Tallaght West    | 32.6%                         | 17.4%   | 23.9%   |
| All of Tallaght  | 19.1%                         | 8.1%  | 11.3%   |
| National average | 11.9%                         | 3.9%  | 5.3%  |

<sup>13</sup> i.e. as a percentage of all households.

## HOUSEHOLDS IN LOCAL AUTHORITY HOUSING

**Over 57% of all households in Tallaght West are living in Local Authority accommodation – over twice the proportion of households across Tallaght and in excess of five times the national average.**

**Four in ten households in Tallaght West rent accommodation from the Local Authority – approximately six times the national average.**

Just over 57% of all households in Tallaght West are resident in Local Authority accommodation. More specifically, 43% of all Tallaght West households are in rented Local Authority accommodation, while a further 14.3% are in the process of purchasing homes from the Local Authority.<sup>14</sup>

As with other headings, the proportion of Tallaght West households in this category is extremely high compared to Tallaght-wide and national figures. By contrast with Tallaght West, 22.6% of households across all of Tallaght are resident in Local Authority accommodation. Almost 16% of households across Tallaght are renting from the Local Authority, while a further 6.7% are recorded as purchasing homes from the County Council.

Nationally, the figures stand at 10.4% of households living in Local Authority accommodation, 6.9% of households renting and 3.5% purchasing homes from their respective councils.

**Table 6: Percentage of households living in Local Authority accommodation in Tallaght West compared to all of Tallaght and the national average (Census 2002)**

|                  | <b>In Local Authority accommodation</b> | <b>Renting from Local Authority</b> | <b>Purchasing from Local Authority</b> |
|------------------|---|-------------------------------------|--|
| Tallaght West    | 57.3%                                   | 43%                                 | 14.3%                                  |
| All of Tallaght  | 22.6%                                   | 15.9%                               | 6.7%                                   |
| National average | 10.4%                                   | 6.9%                                | 3.5%                                   |

<sup>14</sup> Information drawn from GAMMA analysis of the 2002 census.

## EDUCATIONAL ATTAINMENT IN TALLAGHT WEST

**More than one quarter of those who had ceased education in Tallaght West by 2002 had either no formal education or had completed primary education only.**

**Over 60% of those who had ceased education in Tallaght West by 2002 had no more than lower secondary education, approximately 16 percentage points higher than the national average.**

In 2002, 10,431 individuals, or 49.6% of the Tallaght West population, were recorded as having ceased education.<sup>15</sup> Of that number:

- Just under 27% had ceased education with no formal education or had completed primary education only.
- 34% had completed lower secondary education.
- Over 28% had ceased education at upper secondary level.
- Just under 11% had a third-level education.

Comparing Tallaght-West figures with national averages indicates that:

- The proportion of individuals who ceased education at lower secondary level or below in Tallaght West is approximately 16 percentage points higher than the national average.
- The proportion of individuals who have an upper secondary and/or a third level education in Tallaght West is approximately 16 percentage points lower than the national average.
- The proportion of individuals who ceased education at or below 15 years of age in Tallaght West is approximately 7% higher than the national average.

**Table 7: Proportion of educational attainment among those for whom education had ceased by 2002 in Tallaght West, Tallaght and the national average**

|                  | <b>No formal or<br/>prim. ed. only</b> | <b>Lower<br/>secondary ed.</b> | <b>Upper<br/>secondary ed.</b> | <b>Third Level<br/>education</b> |
|------------------|--|--------------------------------|--------------------------------|----------------------------------|
| Tallaght West    | 26.6%                                  | 34.1%                          | 28.5%                          | 10.7%                            |
| All of Tallaght  | 22.4%                                  | 28.3%                          | 31.7%                          | 17.6%                            |
| National average | 22.2%                                  | 22.7%                          | 29.1%                          | 26.0%                            |

There is continuing evidence of a direct relationship between the social background of a child and her or his educational experiences and outcomes. Research clearly indicates that those living in poverty constitute the majority of those not benefiting fully from education in Ireland. Young people from households living in poverty are more likely to leave the formal education system without recognised qualifications. This places them at increased risk of unemployment or insecure low-paid employment, and increases their risk of experiencing poverty into adulthood.

<sup>15</sup> Information drawn from GAMMA analysis of Census 2002.

## CONCLUSION

“Children from poor households are much more likely to have low educational achievement, to become teenage parents, to serve a prison sentence, to have less success in the labour market” (A League Table of Child Poverty in Rich Nations, UNICEF, June 2000).

The considerable risk of poverty and social exclusion continuing to face many households and families in Tallaght West is all the more stark when one considers the dramatic economic growth and development experienced by this country in the past decade. It is evident that the communities of Tallaght West have not received the benefits of recent prosperous times in Ireland - a point starkly illustrated by the fact that the proportion of unemployed people in Tallaght West is over twice the national average.

Tallaght West remains well behind the nation, even in 2004, on a range of indicators of social development and economic growth. One in ten people over the age of 15 years is unemployed, one third of all households in the area are headed by a lone parent and 57% of all households are living in Local Authority accommodation – proportions well above the national average. Additionally, over 60% of those who had ceased education in Tallaght West by 2002 had no more than lower secondary education, approximately 16 percentage points higher than the national average.

These are the conditions in which the children of Tallaght West are growing up. In communities with such high concentrations of young people,<sup>16</sup> it is inevitable that these conditions will impact negatively on the welfare, learning and development of the area's children, placing them at considerable risk of poverty, social exclusion and unrealised potential – both as children and as adults of the future.

As previously noted, national statistics suggest that one in every four children in Ireland is living in poverty. With such large concentrations of households demonstrating indicators of poverty in Tallaght West, it is not unreasonable to suggest that at least one in three children in that area is likely to be living in poverty. This is an unacceptable situation, particularly in a country identified by the United Nations Development Programme (2003) as the 12th richest and most developed country in the world.

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<sup>16</sup> The proportion of young people under the age of 15 years in Tallaght West is 12% higher than the national average.



## **THE CHILDHOOD DEVELOPMENT INITIATIVE – DELIVERING CHANGE**

This evidenced-based profile of the region confirms that the majority of our children are carrying a disproportionate burden of the inequality and poverty characterising Irish society as a whole. Clearly change is required.

Parents, residents and professionals from the Tallaght West communities have formed a consortium to develop a 10-year strategy that intends to deliver such change. We are being partnered by Atlantic Philanthropies - an international philanthropic organisation - which is investing in the planning phase of the Childhood Development Initiative as part of their overall commitment to 'lasting change' for children and youth experiencing disadvantage.<sup>17</sup>

Our focus is on outcomes for the children - in their childhood - which will place them in a strong position to achieve a healthy and independent adulthood. Like the National Children's Strategy, our plan will be child-centred, holistic and encouraging of children's participation. Our focus will also be to improve outcomes for the families of which these children are a part, because families are central to the well-being of children.

We hope to build our children's capacities so that they too - like children from other more prosperous communities in Ireland - have the opportunities and choices to be happy, healthy, playful, motivated and active learners, self-respecting girls and boys, involved in neighbourhood life.

This will require us to build a fully functioning local system of inter-agency co-operation and commitment to change in the planning, delivery and evaluation of new and existing education, care and family support services. We will need to monitor the changes in children's lives over time through longitudinal research. It will be necessary to continually evaluate the implementation of our own plan as well, changing what doesn't work for the children and amplifying what does.

We will advocate for government and other private investment to test out our plan as a model for lasting change, and as a model that dovetails with the best of government policy in the related fields. We intend to put into practice what progressive public policy is designing. We will work with others to advocate for national policy implementations that will eliminate child poverty and increase developmental, health and educational supports for all children who experience poverty. We wish to put in place a model that can be replicated in other parts of Ireland and in other countries.

We will base the planning, delivery and evaluation of new and innovative services, and improved existing services, on research that investigates the needs and potential of the children and families in our community. We will start with where the children and their families are.

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<sup>17</sup> [www.atlanticphilanthropies.org](http://www.atlanticphilanthropies.org)

## THE RESEARCH

The present research aims to understand patterns of need of children and their families in the four Tallaght West communities. With an accurate reflection of the true pattern of need, we intend to review existing services and to design new ones so that they match the identified needs and, in doing so, achieve better outcomes.

This research is the first of its kind in Ireland. To date, no other studies have been published about children and family needs based on a community sample, randomly selected and largely representative of the whole community.<sup>18</sup> As the National Health Strategy and the National Children's Strategy make clear, empirical data is critical for the capacity of services to deliver positive and sustaining outcomes.

The research is a partnership between the Childhood Development Initiative and international experts in children's services - the Dartington Social Research Unit of the Warren House Group (UK). They have developed a series of research tools aimed at better understanding patterns of need in communities, among referred populations and in clinical assessment. The tools search for what children need in order to achieve healthy development and have been used in seven European states, six US states and in Australasia. The present research uses one of the tools - *Matching Needs and Services*<sup>19</sup> in order to assess key aspects of children's lives, and the needs of parents as they impact on children's development.

Section 2 outlines the methodology used and explains the research tool in greater detail. Section 3 presents findings about the needs of children and their families, and the types and level of services used in the communities at present. Section 4 sketches a 'Solutions Based Approach' for the communities. It outlines a number of areas for potential improvement and provides examples of new services - designed on the basis of the evidence - that contribute to better outcomes and lasting change for the children and their families.

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<sup>18</sup> There are some other studies currently being conducted in the Dublin-wide region. When published, they will provide comparative data and contribute towards building the national picture of actual needs and factors which are influencing it.

<sup>19</sup> Michael Little et al, 2001, 3<sup>rd</sup> edition.

## **SECTION 2**

# **METHODOLOGY**

The methods employed to identify patterns of need and service-use in the Tallaght West community are now described. In summary, a sample of children and families that is broadly representative of those living in the area was selected. Parents or carers were interviewed in their homes by a trained interviewer. The interviews were intended to take approximately one hour. The interview schedule for parents covers socio-demographic details, financial circumstances, living arrangements, family and social relationships, social and anti-social behaviour, physical and mental health, education and employment and service take-up. It employs a mixture of closed questions and standardised research instruments used in national surveys and epidemiological research, together with some opportunities for open-ended responses.

The data were analysed using both quantitative and qualitative techniques. The former focussed on the proportions of children with different kinds of need and the number and nature of services used. The qualitative approach consisted of a mixed group of researchers and practitioners grouping together cases according to the similarity of their needs. The two approaches were then combined in order to provide a more fine-grained picture of the needs of children within each of the need-groups.

### **THE SAMPLE**

Based on standard statistical calculations, a sample size of 81 households was deemed sufficiently large for the purposes of the study and given the time and resources available. A quota sampling method was used in order to obtain a sample that was broadly representative of children and families living in the area on demographic variables: (1) number of children resident in the household, (2) age of the youngest child and (3) type of family unit. Census data from Tallaght West was used as the basis for these calculations. Table 8 shows how far actual sample matched the intended sample. The figures suggest that the sample is broadly representative of all children and families in the Tallaght West area.

**Table 8: Sample representativeness**

| Variable (applies to household) | Intended sample (% households) | Actual sample (% households) |
|---------------------------------|--------------------------------|------------------------------|
| Number of children              |                                |                              |
| 1                               | 30                             | 30                           |
| 2                               | 33                             | 35                           |
| 3                               | 20                             | 15                           |
| 4+                              | 17                             | 20                           |
|                                 |                                |                              |
| Age of youngest child           |                                |                              |
| 0-4 <sup>20</sup>               | 42%                            | 46                           |
| 5-9                             | 21                             | 24                           |
| 10-14                           | 19                             | 23                           |
| 15-19                           | 18                             | 8                            |
|                                 |                                |                              |
| Type of household               |                                |                              |
| Couple with children            | 61                             | 57                           |
| Lone parent with children       | 39                             | 43                           |

**THE DATA COLLECTION INSTRUMENT**

A full copy of the data collection instrument is highly structured with pre-set options for answers in most cases. The instrument is holistic in three respects: (a) it gathers information about all areas of children's lives; (b) it covers the child, his or her family and the wider environment and community; and (c) it asks about strengths in the families lives as well as about difficulties. Many of the questions on need have been culled from established national surveys because they are proven to work well and generate data that can, if necessary, be used for comparative purposes. The questions on services are entirely original and ask about a contact with the full range of agencies (statutory and voluntary) that make up children's services - including health, social services, education and the police. These are followed by more detailed questions about the nature of any service received.

In the main the interviewer asks the respondent a question and the respondent gives their answer, which in turn is recorded by the interviewer. In places, however, the respondent is asked to look at a 'showcard' and select from a range of possible responses and there are also three self-completion scales looking at, respectively:

- Adult health
- Child health
- Problems that the family faces.

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<sup>20</sup> The youngest child in the household is between 0 and 4 years old.

These are particularly helpful for creating breaks in the interview, keeping the respondent engaged and also for covering sensitive topics such as relationship problems, etc. The data collection instruments had previously been used extensively in surveys in the UK and the US, but were adapted for use in Ireland with the assistance of local practitioners. Although the changes were not radical, they ensured that the wording was more appropriate and that the list of services was correct.

### **OBTAINING INTERVIEWS**

Eight interviewers were trained in using the data collection tools over three days in March and April 2004. The interviewers were all aged 21 or above and were both male and female. They all had experience of working with children and families and had been cleared by the Gardaí for working in such settings. Each interviewer was given a start address, a quota sheet and random route instructions. Their task was to obtain a required number of completed interviews in a specified period, ensuring that they met their quotas for different kinds of families.

The start addresses were selected randomly, but included at least one in each of the four main communities of Tallaght West: Brookfield, Fettercairn, Jobstown and Killinarden. The quota sheet indicated what kinds of family the interviewer needed to look for. Since the quotas were based on the proportions of such families in the four areas, it was assumed that it would be easier to obtain interviews with families that were needed in high proportions. The random route instructions were designed to ensure that the interviews were not found in the space of a few doors, but rather that families were selected and found randomly. If a family met the quota criteria an interview could take place; if the family was not required for the survey the interviewer simply moved on. Part of the interviewer training covered techniques for securing an interview.

### **RESPONDENT CONFIDENTIALITY AND INTERVIEWER SAFETY**

The study design has been approved independently by the Warren House Group ethics committee. All respondents were given a leaflet explaining the study - its aims, method and outputs - and asked to sign a form indicating that they consented to be interviewed. The interviewers were able to guarantee the respondents that there would be complete confidentiality in this survey.

Interviewers were ultimately responsible for their own safety, but it was recommended that they let someone know by phone when and where they were starting an interview and when they had left that property. They were responsible for ensuring that the third person took appropriate action should any safety concerns arise.

### **ANALYSIS OF THE DATA**

The qualitative analysis uses a process described fully in *Matching Needs and Services* (see footnote 19) in which children's needs are summarised long-hand onto a structured form that covers all areas of the child's life. These summaries of need are then classified or 'shuffled' into groups that have similar patterns of need. A multi-agency group of professionals met for one day in June under the guidance of Dartington to undertake this process.

The quantitative analysis involves inputting data from the completed interview scripts onto a database (on the statistical package SPSS) and analysing the data for straight counts, for example, the proportion of children in over-crowded accommodation - or cross-tabulations; for instance, the proportion of children aged 0-4 living in over-crowded accommodation. A more fine-grained picture of the need-groups identified in the qualitative analysis was developed by comparing the proportion of children in each group who had specific difficulties with that of the sample as a whole. A series of workshops with consortium members, parents and children were also conducted (see below) to help interpret the findings and to ensuring that, generally, the data resonated with people's experience.

### **STRENGTHS AND WEAKNESSES**

The sampling method has both strengths and weaknesses. The advantage is that it has generated a sample that is reasonably representative of the demographic profile of children and families in the West Tallaght area. In particular, it provides information about the situations of children who are not in contact with services. An unfortunate by-product of the sampling approach, however, is that there is not greater diversity of ethnic minorities, non-nationals, disabled people and members of the Travelling community. This highlights a need in future research to use a method that ensures that these voices are heard. This might be a stand-alone piece of work, for example seeking out such children and families via community groups, or another community survey in which the quotas are adjusted to ensure that these groups are over-represented. Finally, the relatively small sample size (79 families in the end) means that there is a larger-than-ideal margin of error (ca. 10%) as regards the *precise* prevalence rates of single variables. This is not a concern in the context of this study's aims but care should be taken when reporting such findings.

## **INTERPRETATION OF THE DATA**

The inclusion of consortium members, parents and children is seen as a significant step in the interpretation of data because it promotes an inclusive integrated approach as part of the needs assessment.

This section describes the four elements involved in the interpretation of data. Firstly, the workshop with members of the consortium is outlined. Then the workshop with parents is analysed next. The third part outlines the shuffling process, which consisted of grouping the summary sheets of the interviews with families into need-groups. Fourthly, a summary is given of the children's participation sessions, which were conducted in the four communities (Brookfield, Fettercairn, Jobstown, and Killinarden) during the months of July and August, 2003.

## **WORKSHOP WITH CONSORTIUM MEMBERS**

The workshop with consortium members took place over two days during the month of July. The consortium was invited to assist researchers, the co-ordinator of the initiative and Dartington Social Research Unit in the interpretation of data collected from interviews, which were conducted with 79 families in the four communities.

The workshops with consortium members consisted of a number of approaches. Firstly, the group read through the summary sheets and proceeded to make the initial step in devising need-groups for each family interviewed. As the summary sheets were examined, a number of issues were recognised and discussed by the group. Consortium members provided their observations of the communities, which they recalled from their interaction with families and children as part of their service provision. These observations included:

- It was noticed that the community of Tallaght West is relatively new as it is only about 25 years old and that it takes a long time to build a community atmosphere.
- In response to this point it was stated that a lot of young families moved into the area when it was first established and that this should have helped to build a sense of community.
- Consortium members recognised the need to address the issue of anti-social behaviour in the community.
- In response to the issue of anti-social behaviour it was recognised that there is often a concentration of people with anti-social behavioural problems placed in the one area, for example by the council when people receive a house.
- One of the consortium members noted that his place of work (a local school) had been damaged a number of times and a group of local boys between the ages of 11 and 14 years were identified as the culprits.

Secondly, as part of the workshop it was decided to take note of common themes which recurred in the summary sheets. These issues included:

- A lack of privacy.
- Problems with welfare policies such as heating, anti-social behaviour, bullying and problems with family relationships, such as family breakdown.
- Low income.
- No annual holiday for families.
- A high level of depression.
- Low expectations from families in relation to their daily lives.
- A high early school-leaving rate.
- Evidence of racism.

It became clear during this discussion that the needs of families in Tallaght West are not being met.

Thirdly, the consortium considered ways in which the needs of children could be addressed in the future, which incorporated service design. It was decided that the Initiative could do two things: develop what already exists in the community - such as after-school activities, one-to-one supports in schools, consultation with the housing

department, develop more playgrounds and increase the number of pre-school places. The second approach could be to develop something new. Some suggestions include:

- A family support worker to link in with every home in the community. The family worker should have a referral capacity where he/she refers the family to the correct organisation/agency to deal with their problems.
- Early school leaving to be reduced by introducing the concept of role models or mentors for children.
- Group therapy sessions, such as art and play therapy, to be introduced into the community.
- Developing standards for the community of Tallaght West in terms of health, education, childcare, etc. These standards to be developed as part of the CDI's future work on childhood indicators.

### **WORKSHOP WITH PARENTS**

[This session consisted of Tallaght West CDI staff, Dartington Social Research Unit, a representative from a local Barnardos' family support centre and a group of 12 parents from the four communities.]

The session involved a number of lengthy discussions, using the common themes that emerged from the shuffling of case studies. These themes included: recreational facilities for children, family relationships, school life, housing needs, anti-social behaviour and local services. The perspectives of parents were recorded, to be used in the future as part of the service design phase. A similarity was noted between the comments made by consortium members and parents. For example, one parent commented on the lack of facilities in her community:

**"There are three major estates in the last few years with no extra shop or school."**

The issue of anti-social behaviour was also seen as a problem - for example one parent stated:

**"There were about 20 fellas on the bus drinking and they urinated all over the bus. The bus driver can't get out of his box. I wouldn't blame him. You see the inspectors and guards at the bus stops, they don't follow the bus."**

### **SHUFFLING**

As a follow-up to the workshop with parents and consortium members, Tallaght West CDI staff reshuffled the summary sheets. This process involved the identification of the primary and most fundamental need in each family, in spite of the fact that most families had a number of needs which call for attention. It was only the need which could possibly, if addressed, impact positively on the other needs in the family that was used to identify the most fitting need-group. For example, in one case it was decided that the primary need should be to address the physical and mental health of the adults, and as a result this could then trigger an improvement in the child's educational achievement. Ten need-groups were eventually identified and labelled accordingly (see page 36). For instance, need-group 1 was entitled, 'Need for family to secure adequate income to afford material necessities and for children to live in appropriate accommodation'.



### **CHILDREN'S PARTICIPATION SESSIONS**

It was decided to include the voices of children in the research process to allow them to express some of their concerns and aspirations about growing up in Tallaght West. The perspectives of children assisted the initiative in the interpretation of data and will continue to be used in the future as part of the service design process.

An audit was conducted of the summer activity programs, which were taking place for children in each of the four communities. A number of children's sessions were then organised in the four communities in Tallaght West during the months of July and August, 2003. Sessions were arranged at summer activity projects in each of the four communities with children between the ages of 4 years and 13 years where possible.

A group of children were chosen at each location after consent had been received in writing by the children's parents or guardians. The number of children in each group ranged from four in one setting to eight in another. It was hoped to have two groups at each setting ranging from 4-8 year olds and 9-13 year olds. This, however, proved difficult due mainly to a lack of attendance by children at some summer projects, or to the return of a low number of permission slips by parents or guardians. The participation sessions involved a number of creative activities to ascertain the views of the children about their community. There was a facilitator and observer/recorder present at each session. The sessions were designed on the basis of the themes used in the interviews with parents, for example, housing, living situation, health, education and employment. Common themes, such as anti-social behaviour, which emerged from the workshops with parents, were also explored. The children's participation sessions were, therefore, a significant aspect of the needs assessment.

The summer sessions were the first step in the long-term participation of children in the initiative, as it is planned to organise more in-depth participation sessions at local schools during the school year 2004 / 2005.

## SECTION 3

# FINDINGS AND ANALYSIS

The analysis of the data is presented in two parts:  
Part 1 - The needs of the children and their families  
Part 2 - Data on local children and family services.

### PART 1

## THE NEEDS OF CHILDREN AND THEIR FAMILIES

The data represents responses by parents and guardians who were interviewed in the 79 households in Tallaght West. The needs data is examined in two ways:

- According to the sample as a whole
- Grouping of family cases in terms of most pressing needs.

The child is the primary unit of analysis throughout the description. This means, for example, that when parents were asked if they were ever unemployed, the data is presented to show the proportion of children who were living with unemployed parents.

The research sample consists of 187 children randomly selected and largely representative of the four communities. This means that the broad pattern of need reported for these children is a reasonable reflection of need in the whole community.

## A DESCRIPTION OF THE WHOLE SAMPLE

### CHILDREN'S AGE

The sample includes the following percentage of children from 0-14 years<sup>21</sup>:

**Table 9: Child's age**

| Age range   | No. of Children | Proportion of Children |
|-------------|-----------------|------------------------|
| 0-4 years   | 44              | 24%                    |
| 5-9 years   | 42              | 23%                    |
| 10-14 years | 60              | 34%                    |

<sup>21</sup> The remaining 41 children (19%) of the entire sample are over 14 years of age.

### WHO THE CHILD LIVES WITH

Over one third (36%) of children are living with a lone parent, more than half (58%) of the children are living with two birth parents, while just over 4% of children live with a parent and step-parent as Table 10 indicates.

**Table 10: Living situation of each child**

|  |     |
|--|-----|
| Living at home with one parent                         | 36% |
| Living at home with two birth parents                  | 58% |
| Living at home with parent and step-parent             | 4%  |
| Living at home with other relative or substitute carer | 2%  |

### ETHNICITY OF CHILDREN

The majority of children are of Irish origin, with other nationalities represented in a very small way.

**Table 11: Ethnicity**

|                    |     |
|--------------------|-----|
| Irish              | 95% |
| No nationality     | 1%  |
| Other nationality* | 4%  |

\*Of the 'Other nationality', seven children are English and one child is Nigerian.

### PROFILE OF RISK FACTORS AND FACTORS THAT SUPPORT CHILDREN'S CAPACITY

A profile is given of the whole sample by outlining first those factors that create a risk to the child's learning, health and overall development. Secondly, the analysis points to the presence of factors that encourage and support the children's capacity for healthy development. These factors are primarily external to the child, such as the quality of her or his family relationships, opportunities for engagement in out-of-school activities, a safe neighbourhood or parental involvement in her or his learning.

## **LIVING SITUATION**

Severe accommodation problems are common amongst the children in the sample. More than one in four children were cold and damp each day. Just over one quarter (28%) are living with heating problems, while a similar percentage are living with dampness. 41 of the 48 children living in damp accommodation (85%) were in housing rented from the council. Difficulties with housing disrepair and basic safety are also common trends, with nearly one in two (54%) children living in houses in need of improvement (for example, unsafe windows, fixtures and fittings in need of repair).

Children and families experience problems with anti-social behaviour (ASB) in the housing estates regularly. For example, one in three children (31%) live in families that report incidences of ASB in the neighbourhood without being personally affected, while just over 40% of children live in families that are personally affected by it. Anti-social behaviour in this instance means things such as various forms of harassment, noisy neighbours and groups of teenagers loitering in the street or in driveways.

Similar proportions (44%) of children's families are personally affected by problems within the local environment, for example, graffiti, rubbish or traffic pollution. One in two children (50%) live in families that are personally affected by local crime, such as burglary, mugging, drugs and stolen cars. In all, a startling 90% of children live in families where the respondent reports there being crime or anti-social behaviour in the neighbourhood. Parents in the workshop convened to interpret the research confirmed that this level of crime and anti-social behaviour produced a significant sense of fear in the children. Difficulties in local neighbourhoods are, therefore, quite pronounced, with about one in three children (32%) living with a parent or carer suggesting that they live in a 'fairly' or 'very' poor neighbourhood to raise children.

Although many risk factors are common, other factors that support the children's capacity for development are evident. 45% of the sample report no accommodation problems and over four fifths (87%) of children have regular contact with one or both parents. Two thirds of families (66%) are living in the neighbourhood for more than ten years, while approximately one in eight (13%) have been living in the area for less than five years. The high proportion of families who are living in the area for more than ten years indicates a sense of stability in the lives of the children in the neighbourhood, and, in turn, is a positive aspect of their developmental process.

## **Summary**

The research presents a tough living situation for a high percentage of the children. The physical home and the neighbourhood environment are significant conditions for any child's ability to freely develop themselves without fear and inhibitors of basic physical comfort and safety. One would expect the families who are personally affected by crime and anti-social behaviour to be living very fearful lives. One family stated that they are constantly cleaning up after teenagers outside their house and one of the children in the family had constant nightmares about stolen cars. Living with this level of fear every day is a definite inhibitor to positive childhood development.

The data, however, also indicates that 45% of the sample lives with no accommodation difficulties. In addition, there are a high percentage of families who have called this community 'home' for over ten years. Such a social fabric within the neighbourhoods holds potential for future community regeneration of the local environment.

#### **FAMILY AND SOCIAL RELATIONSHIPS**

Almost one in two (46%) children are living with parents who feel overburdened. Responses indicate in 8% of cases parents feel they can not cope with the child all or most of the time. 13% of children live with parents who experience parenting difficulties, and who acknowledge that their children are 'quite' or 'very' difficult to manage.

Depression in the home is a significant risk factor for the healthy and happy development of the children in the sample. Adults were asked in a self-completion questionnaire whether, on the day of the interview, they or their children felt moderately or extremely anxious or depressed. Using this measure, about two-fifths (41%) of children are living with adults who report feeling moderately or extremely depressed.

Almost one in seven (15%) children live with parents who are experiencing relationship difficulties between themselves, such as poor communication. 7% of children have had no opportunities to mix with other children in the week previously, and therefore, could be considered at one level to be socially excluded from peers or friends. For example, some of the children are not allowed to play outside of their home because their parents feared the anti-social behaviour evident in the community.

Although there is evidence of difficulties in family relationships, there are also factors that support children's potential for well-being. Three quarters (75%) of children live in families where adult relationships are characterised as healthy, with no discord or arguments within the last 12 months. Furthermore, in 46% of cases the respondent had talked to someone in the last month because they felt depressed. It may be interpreted that by speaking to someone about their feeling depressed these adults are aware they need help, which in turn contributes positively towards the child's overall development

#### *Summary*

Family and social relationships are obviously critical factors for a child's healthy development and for her or his ability to learn and to achieve. The statistics present several factors that put these children's development and learning at risk. High risk factors included parenting difficulties, adults feeling anxious or depressed (especially when this is at a clinical level of severity) and parents feeling overburdened in the home.

The data also establishes that a high percentage of children live within a context where adult relationships with each other are good and where parents' relationships with their children are enjoyable. 75% of the children are living within this kind of positive relational environment. Such a condition is of inestimable worth for any child's well-being, but particularly so if she or he also lives with other circumstances that put them at risk.

## PHYSICAL AND PSYCHOLOGICAL HEALTH

A high percentage of adults in the sample have poor physical or psychological health. In one in four (26%) cases, the eldest adult in the household (almost always a parent) has a long-term illness or disability which limits their daily activities. Problems with adults feeling anxious or depressed have already been highlighted above. In relation to the issue of abuse, the adults were asked in the self-completion questionnaire: 'Does your current partner ever hit or injure you?' 'Does your current partner ever say things to you on purpose to make you feel really bad or worthless?' 12% of respondents acknowledged experiencing this type of physical or verbal abuse.

Children's health is reportedly generally good for approximately 85% of the sample; that is, they had no long-term illness, health problem or disability. However, 15% of children have a long-term illness or disability, which limits their daily activities. Evidence of children's health problems (for those aged 3 ½ to 16 years) are outlined in Table 12.

**Table 12: Children's health problems (proportions of the whole sample)**

|  |     |
|--|-----|
| Eating difficulties                    | 16% |
| Difficulty performing usual activities | 16% |
| Anxiety/depression                     | 14% |
| Wets bed at night                      | 12% |
| Pain/discomfort                        | 10% |
| Difficulty with child self-care        | 7%  |
| Difficulty with child mobility         | 4%  |

Feeling depressed is quite a significant risk factor, with 14% of children reported by their parents as feeling moderately or extremely anxious or depressed. Almost one in two (41%) children are living with adults who feel moderately anxious or depressed. One quarter of children live in a household where the eldest adult has a long-term health problem, illness or disability, with one in ten (11%) having a family member registered as disabled.

The lack of privacy is also a major issue, with 70% of children living in a family where lack of privacy is a problem. Examples of this include parents reporting that several members of their extended family live with them, or that they experience a lack of privacy in their homes because of the frequency of people loitering just outside their house.

Abuse amongst children is, needless to say, a definite risk to their health and well-being. Parents were asked if anyone had abused one of their children physically, sexually or

emotionally in the last two years. In addition, and at a different level, a question was put to them about how often they said or did things that hurt their child and later regretted it. Table 13 indicates the prevalence rates on these questions.

**Table 13: Abuse amongst children**

|  |     |
|--|-----|
| Children living in households where a child has been physically, sexually or emotionally abused in the last two years according to parent. | 10% |
| Children whose parent reported 'all of the time' saying or doing things that hurt the child and later regretting it.                       | 6%  |

### *Summary*

The research shows that a substantial proportion of the children in the sample are in good health, as reported by their parents. There are, however, at least 15% of the children who suffer from a long-term illness or disability that limits their daily activities. The data also points out the high percentage of children living with adults who feel moderately anxious or depressed and the slightly lower, though still critical percentage, of children living with adults who are chronically ill. Lack of privacy and incidences of abuse also feature considerably in the lives of a significant minority of the children.

## **EDUCATION AND EMPLOYMENT**

### **Education**

Education is a key aspect of all children's lives because it holds the potential to sponsor their intellectual, social, personal, physical and emotional development. The data specifies several factors that place this developmental opportunity at risk for many of the children in this sample.

Bullying was reported as a common feature in the lives of the children. Over one in three (39%) school-age children have been bullied at school in the present term, with 9% of these being bullied several times a week within the last school term. Examples of bullying included nasty or racist comments, children being threatened, hit, kicked or ignored by other children, or having nasty stories told about them.

There was a significant problem with school being missed, as reported by parents or carers (Table 14).

**Table 14: School missed (within the last 12 months)**

|                          |     |
|--------------------------|-----|
| No days missed           | 8%  |
| Less than 5 days missed  | 41% |
| 5-20 days missed         | 43% |
| More than 20 days missed | 8%  |

The percentage of children who missed more than 20 days is quite high. One in 15 is at a considerable risk of not making the transition to second level. When questioned on the reason for school absenteeism for the whole sample, parents report that 70% of the children miss school due to illness.

According to the respondents, almost one in six (16%) of the children have special educational needs, such as a learning difficulties or poor concentration due to ADHD (Attention Deficit Hyperactivity Disorder). Some parents express concern that their children have been waiting a long time to see a psychologist. Others feel that their child's learning difficulty was being ignored by the education system.

Children's involvement in out-of-school activities is fairly low (50%) with only a quarter of children involved in sports and 13% involved in homework or after-school clubs. Table 15 outlines in more detail the activities of children out side of school time.

**Table 15: Involvement in out-of-school activities**

|  |     |
|--|-----|
| Child regularly involved in out-of-school activities | 50% |
| Child involved in a sports team                      | 26% |
| Child involved in an after school or homework club   | 13% |
| Child involved in a uniformed organisation           | 2%  |
| Child involved in music, dance or drama              | 11% |



Half of school-age children have little to do outside of school hours. This means that they are not part of a sports team, do not participate in dance or drama, and do not spend any time in an after school club. As for the pre-school age group, only one-third (34%) in the 0-3 age group are attending a playgroup or crèche of some kind.

The level of parent's education has been shown in countless studies to be a significant factor in the child's engagement with and achievement at school. Table 16 provides a breakdown of the proportion of children according to their parents' level of education.

**Table 16: Parent's education**

|   |     |
|---|-----|
| Children with one/both parents with no educational qualification        | 29% |
| Children with one/both parents with Junior Certificate (or equivalent)  | 28% |
| Children with one/both parents with Leaving Certificate (or equivalent) | 32% |
| Children with one or both parents with higher education                 | 10% |

In terms of the entire sample, 57% of the children live with parents who do not have a Leaving Certificate. 29% of the children live with one or both parents who have no educational qualifications. There are, however, 32% of the sample who live in households where at least one parent has a Leaving Certificate, and 10% where at least one parent has higher education.

### **Employment**

Given the statistics on parental level of education, it is perhaps not surprising that one in two (50%) children are living in homes where neither parent is employed. The working status of parents varies, with a nominal proportion of children living with parents who both work full time, as shown in Table 17.

**Table 17: Adult employment**

Full-time: FT Part-time: PT

|  |     |
|--|-----|
| Children with one parent working FT    | 37% |
| Children with both parents working FT  | 1%  |
| Children with one parent FT and one PT | 8%  |
| Both PT                                | 1%  |
| Neither parent is employed             | 53% |

There are 68 children in lone parent households. This represents 36% of the children in the whole sample. Of these, 34 (53%) live in families where no one is in paid work (this means that the parents fall into any of the following categories: unemployed, permanently sick/disabled, looking after the home, on a government programme or in full-time education).

### *Summary*

Children's capacity for learning and educational achievement is hugely influenced by the employment status of parents as well as parental level of education. The proportion of children who live with unemployed parents is high with 29% of children living with at least one parent who is technically unemployed, and one in two (53%) children living with parents who are both not in paid work. This is compounded by the fact that 29% of the children live in households where one or both parents have no educational qualifications.

In numerous studies on educational disadvantage, poverty has been shown to be a key risk factor in children's readiness for, and completion of, school. This research demonstrates that more than one in two children in Tallaght West live in conditions where the risk of poverty is proportionally high.

In spite of these realities, a high percentage of school-age children (77%) are considered by their parents to be achieving their potential at school. A strong majority discuss their child's educational progress with teachers. Half of the children are being given the opportunities for regular involvement in out-of-school activities, and one third are getting some form of early start on their learning journey.

## INCOME AND LIVING STANDARDS

The living standards of a family are impacted by the level of household income and how far the disposable income stretches to ensure that basic necessities are provided, and that families have socially perceived necessities such as a telephone or a television. The data provides a stark picture on the living standards of a significant number of children and their families.

Once again, it is important to reiterate the point that 41% of children live in families that are dependent on State benefits. One in five children live in families that are behind in paying waste charges (21%) and the same proportion live in families where rubbish collection has been discontinued in the past 12 months. It is worth noting that local authorities differ in their procedures to waste collection. To qualify for a waiver, a person must be outside the tax bracket. If anyone in the household is paying tax the household must pay €6 for bin collection, on which they can apply for tax relief. If the bin is over-full it will not be collected. There is a bylaw, which supports this action taken by the council. One in five children (20%) live in families that have no central heating, while 27% can not afford heating when needed.

A high number of families had other financial difficulties, as outlined in Table 18.

**Table 18: Financial difficulties in the last 12 months**

|                                 |     |
|---------------------------------|-----|
| Regularly behind in paying rent | 26% |
| Behind in paying telephone bill | 16% |

The statistics show that 63% of children are living with families who at some point in the previous 12 months could not afford to pay bills without falling into debt. There is a clear link between the high proportion of financial difficulties and the number of families who have borrowed money from a moneylender (not including banks or credit unions) in the past 12 months (16%).

In spite of these challenges, all the children in the sample have the benefit of receiving a substantial meal every day. Furthermore, 37% of children lived in families who have not been behind in paying bills - which indicates that these families are budgeting their household income successfully.

### *Summary*

Financial difficulties are a significant problem for the families in the communities. It is suggested that many of the financial difficulties relate to the fact that a high proportion of adults themselves have poor educational qualifications, which in turn means that it is more difficult for them to gain employment. If parents make the choice to return to education - especially lone parents - in order to better their chances for employment, there must be accessible and affordable care services for their children. Otherwise, there is no genuine choice.

Living standards for a sizable percentage of the children are low. Many live in households where there are indications of severe poverty. This does not bode well for the children's capacities to learn, achieve, play, and follow a healthy developmental path.

## **FAMILY GROUPINGS ACCORDING TO SIGNIFICANT NEED**

Once the 79 interviews were collected they were then 'shuffled' - i.e. grouped qualitatively according to the most fundamental need of each family. There are many needs in each family, but during the shuffling process the research staff selected one significant need of each family that determined their need-group. The child's situation at the time of the interview is described in summary sheets from interviews with children held in the summer of 2004. The group involved in the shuffling process decided on the root cause of the child's problems, and then agreed on fundamental factors that have to change to address the child's needs. For example, such a factor could be that by improving the health of the parents the child's educational needs could then improve.

After the first shuffling session 26 need-groups were identified. This followed numerous shuffling days which involved members of the consortium, the project co-ordinator and research staff. A community parent group was consulted to assist in the understanding of the needs. The 26 need-groups were reduced to ten, once all the shuffling was completed. The research staff discussed each case thoroughly and once everyone agreed that each need-group represented similar needs, the groups were labelled with a description. The description of each need-group is followed by a case study outlining the features of a family who were interviewed. A total of ten groups were generated, as shown in Table 19.

**Table 19: Need-groups**

| Group    | Description   | Number of cases | % of children |
|----------|---|-----------------|---------------|
| Group 1  | Need for family to secure adequate income to afford material necessities and for children to live in appropriate accommodation    | 20              | 29%           |
| Group 2  | Family coping: Low-level needs - families are managing well with the little they have   | 18              | 20%           |
| Group 3  | Need to improve mental and/or physical health of child such as help with depression, eating difficulties                          | 10              | 14%           |
| Group 4  | Need for children to feel safe in school and/or community; for example, they are affected by bullying or ASB                      | 9               | 10%           |
| Group 5  | Need to improve adult mental health and/or physical health, such as help with depression  | 6               | 8%            |
| Group 6  | Need for improved adult relationship within the home such as help for abuse, help with communication skills                       | 5               | 6%            |
| Group 7  | Need for support because of isolation in the home, and/or community; for example, children staying indoors because of fear of ASB | 4               | 5%            |
| Group 8  | Need for children to have additional educational support, such as resource classes in school, help with ADHD                      | 3               | 3%            |
| Group 9  | Need to improve child's behaviour, such as encouragement to behave in school or not to take drugs                                 | 2               | 3%            |
| Group 10 | Need for access and support for disabled child, such as the building of ramps in the home   | 2               | 2%            |

### **GROUP 1: NEED FOR FAMILY TO SECURE ADEQUATE INCOME TO AFFORD MATERIAL NECESSITIES AND CHILDREN TO LIVE IN APPROPRIATE ACCOMMODATION**

This group consists of 20 families in which there is 29% of the total number of children. This is the largest need-group with all families in need of some financial assistance and/or help with accommodation difficulties.

There are many reasons why these families need financial and accommodation assistance. More than one quarter (28%) of children live in households where there are housing problems, e.g. fixtures in need of repair, no heating. 39% of children live in households who have problems with dampness. 61% of children live in families who are dependent on State benefits (S=41%)<sup>22</sup>, which contribute to the housing difficulties, as families cannot afford to mend damaged fixtures or buy new ones when needed. As well as having problems with accommodation the financial situation of these families is also poor. This affects their ability to afford basic material necessities, for example 78% of children live in households where there is no telephone and 67% of children live in households where there is no computer.

In this group the proportion of children living with adults who have a Leaving Certificate is quite low at 28% (S=32%). The proportion of children living with adults who have a Junior Certificate is even lower at (S=28%). As 24% of children live with parents who are unemployed, the analysis suggests that the low proportion of educational qualifications amongst adults is directly linked to their employment opportunities. As a result of the low level of educational qualifications only 8% of children in this group live with adults who are in full-time work.

The statistics suggest that the effect of such low financial incomes and accommodation standards is having an effect on the learning and development of the children in this group. 20% of children (S=23%) are not achieving their potential at school and it is likely that if these children's accommodation and financial situation were improved, it would help them to achieve their potential at school.

#### **Case Study**

*Family members:* Two adults (married couple) and two children at 14 and 10 years  
This family has been living in the area for the past ten years and they rent their house from the local council. The family's home has no central heating, which means it can be very cold especially during the Winter when children need to feel warm. A lack of privacy is also a feature of the household, which invariably causes tension amongst family members.

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<sup>22</sup> S represents the overall sample of 187 children. For example, if S=10% it symbolises 10% of the overall sample.

Adult 1 and Adult 2 fight regularly and are both unemployed (they both left school early). The poor financial situation of this family is directly related to the parents' inability to gain employment because of a poor standard of education. The lack of money coming into the household is causing the parents to fight. Difficulties in adult relationships have negative effects on a child's emotional development.

Child 1 is a slow learner and is sometimes bullied at school. Child 2 is generally doing well at school. This family has some problems with paying bills and they have borrowed money from a moneylender.

## **GROUP 2: FAMILY COPING: LOW-LEVEL NEEDS**

This is quite a large group and consists of 18 families and 20% of the total number of children. The term 'coping' refers to families who are managing their day-to-day lives despite evident problems. Families in this group do not record having much difficulty in paying bills (with only 9% of children living in families who are behind in paying rent in the past 12 months), and all households, where appropriate able to pay their mortgages on time. Almost three-quarters of children (74%) are achieving their potential at school. Only 6% of children have long-term health problems which affect their daily activities some of the time. 83% of children live with parents who have discussed their children's progress with their schoolteacher (S=87%), which is a positive feature of this group.

Despite the fact that these families report that they are managing with most aspects of their lives, there are still some issues of concern. 37% of children live in families who have some housing problems (S=45%), for example no central heating, poor windows and fixtures. Half of the children live in households where the adult(s) has felt that he or she can not cope with raising their child some, or all, of the time (S=46%). The lack of privacy is an issue for these households with 70% reporting a lack of privacy at home (S=69%). More than half of the children live in households that are personally affected by ASB, which is an alarming statistic even though the families are coping financially. The statistics show that almost half (49%) of the children in this group live in households where the parent(s) can't cope with them some, or most, of the time. Although the families reported that they are financially better-off than most others in the community, it is worth noting that 20% of households are dependent on State benefits. It was recorded by one such household that they are still managing adequately, even though their only income is from benefits.

Although these families are coping with life on a day-to-day basis, their situations are clearly not completely ideal and will, therefore, require some monitoring to ensure that their needs are being met.

### Case Study

*Family members:* Three adults (one an older son) and two children at 15 and 13 years. This family likes the area in which they live and are buying their house. The family has a good social network and extended family live nearby. Both the father and older brother work full-time and the mother stays at home (she left school at 12 years of age). There are no health problems in the family and they have no problem paying bills.

The children have lots of friends in the community. They attend no after-school activities (although it would be optimum if they could).

The parent reported that although there is evidence of crime in their area, e.g. stolen cars, the family are not personally affected by it. In all, the family feel they are better-off than others in their locality.

### **GROUP 3: NEED TO IMPROVE MENTAL AND/OR PHYSICAL HEALTH OF CHILD, SUCH AS HELP WITH FEELINGS OF ANXIETY, DEPRESSION, EATING DIFFICULTIES**

There are ten families in this group, with a proportion of 6% of the children in the sample. The children in this group are affected by poor mental and/or physical health. It is hoped that by improving the children's health their overall learning and development will progress.

78% of children have reportedly been victims of physical, sexual or emotional abuse within the last two years (S=10%), which is a very high proportion. 74% of children have been personally affected by anti-social behaviour (S=40%). One in three children in this group live in homes where there is regular parental violence. All these risk factors more than likely contribute to the children having emotional and social difficulties. It is not surprising then that (44%) children are reported to feel moderately or extremely depressed/anxious (S=14%).

The poor physical/mental health of the children in this group has affected their school life. Half (48%) the children are not achieving their potential at school (S=23%). Missed school is also a problem for this group of children - almost half (48%) the children have missed between five and 20 days of school (S=43%), while 17% have missed more than 20 days (S=8%). By improving the children's health in this group it is likely that the level of missed school will be minimised.

Bullying at school is also an issue - almost 39% of children have been bullied at school in the present term (over one in three). The issue of bullying may also be a contributor to the level of children feeling depressed/anxious in this group - address the bullying and perhaps the anxious feelings will decrease.



### Case Study

*Family members:* Two adults (married partners) and two children at 14 and 8 years. This family has lived in the area for the past ten years. Child 1 and Child 2 live with both birth parents in a house they rent from the council, and both children have poor physical and or psychological health. Child 1 attends a special school, while Child 2 attends a primary school. Child 2 has been in trouble with the Gardaí and has run away from home and been caught shoplifting. Child 1 has missed school because of Child 2's behaviour. It is clear that the behaviour of Child 2 is having a negative affect on both his own, and his sibling's, development. Child 1 has aggressive and emotional behavioural difficulties; he has sleeping and eating difficulties and is reported to feel moderately anxious/depressed. Child 2 has nightmares and is also reported to feel moderately anxious/depressed. The health of both children is, therefore, in immediate need of improvement.

Adult 1 and Adult 2 fight regularly and Adult 1 is away from home a lot because of his work. The family have borrowed money from a moneylender and friends and have had trouble paying bills, which could be a contributing factor to the poor adult relationship. Adult 1 is in full-time employment, while Adult 2 is doing a CE scheme and volunteers in a local resource centre. The depression and behavioural difficulties of the two children may be a result of the poor adult relationship in the household.

There are problems with heating and fixtures and the family have had trouble with the landlord.

### GROUP 4: NEED TO FEEL SAFE IN SCHOOL AND/OR COMMUNITY (ASB AND BULLYING)

This group consists of nine families and 14% of the total number of children. The main concern in this group is for the safety of the children in their school and/or community.

In particular, 88% of children live in families who are personally affected by crime (S=50%). There are also a high proportion of families who are personally affected by anti-social behaviour (71%). As a high proportion of children live in families that are affected by crime and ASB, their social development is likely to be directly affected, not least because of the fear of being outside in the community. The most significant statistic in this group is that almost half (47%) of the children were bullied in school (S=39%) within the last term, which is a very high proportion. Bullying has a negative effect on a child's emotional and social development and should, therefore, be addressed the moment it is identified as a problem.

Only 47% of children in this group attend out-of-school activities (S=50%), which could be related to the high proportion of bullying or the fact that there are only a few out-of-school activities running in the community. One parent stated in an interview that her child had been bullied so badly that he had to change schools. The analysis does not

clearly indicate the reasons for the high proportion of bullying, however, it is a definite risk factor for the children in this group. The level of bullying, crime and anti-social behaviour experienced by these children may be related to the fact that 13% of children are reported by their parents to have special educational needs, such as a reading difficulty. If a child were a victim of violence or bullying, his or her schoolwork will surely be affected - by lack of concentration and emotional turmoil.

85% of children are reported by parents to be achieving their potential at school, however, the level of bullying, crime and ASB could have a detrimental effect on this proportion in the future. 12% of children live in households that are dependent on State benefits (S=41%), however 95% of families reported having no problem with unsafe windows or doors.

### **Case Study**

*Family members:* One adult and one child of 8 years

This family consists of one adult and one child living in a rented house. The family has been living in the house for the past two years, but Adult 1 has been in the area for almost 20 years. Adult 1 is a single mother, but Child 1 sees her father almost everyday.

Crime and ASB are evident in their neighbourhood. Child 1 was bullied seven times in the past year and she attends no after-school clubs. Adult 1 left school just before her Junior Certificate and now works part-time. The family has no housing problems. It is clear that the child's safety in this family needs to be improved if she is to develop positively both emotionally and socially.

### **GROUP 5: NEED TO IMPROVE ADULT MENTAL HEALTH AND/OR PHYSICAL HEALTH SUCH AS HELP WITH DEPRESSION**

8% of children in the community are represented in this group and they all live in families where there is need to improve adult physical and mental health. As a result of poor adult physical and mental health, the children's learning and development is being affected.

All respondents report feeling moderately or extremely depressed/anxious (100% / S=41%). 11% of children live with adults who have long-term illness, health problems or disability, which limits their daily activities or work. Feeling anxious/depressed is, therefore, the key health issue in this group, which needs to be addressed in order to have a positive impact on the family as a whole, and particularly on the lives of the children. These findings show that there are a number of issues, which may be the contributing factors to the high proportion of adults feeling depressed or anxious in this group. One such cause can be related to the employment statistics as outlined below:

Table 20: Children living with one or more parents who are:

|                         |     |
|-------------------------|-----|
| In full-time employment | 25% |
| In part-time employment | 38% |
| Unemployed              | 16% |

As the table above shows only one quarter of the children in this group are living with a parent who is in full-time employment. This is a very low proportion and indicates that parents are, therefore, spending a lot of time at home, or elsewhere, during the day, which gives them more time to dwell on their problems, such as a lack of income.

Another possible contributor to the high level of feeling anxious/depressed amongst adults is the fact that children in this group live in homes where a lack of privacy is an issue of concern (43% / S=69%). People referred to a lack of privacy in terms of living with a large number of people, such as extended family, and having people sitting on the walls outside their house and not moving when asked. This lack of privacy results in a sense of fear and anxiety amongst adults.

It could be argued that adults feeling depressed is having a negative effect on the children in this group: A reasonably high proportion of children have generally missed between five - 20 days of school (20% / S=39%) - the main reason being illness of self or family member. These statistics suggest that the high level of absenteeism could be tackled by improving adult health. An equally high proportion of children were reported by parents not to have reached their potential at school (27% / S=23%). By improving adult health, parents can get more involved in their children's schoolwork and thereby promote their children's learning. Children cannot achieve their potential at school if they are absent a high proportion of the time. Therefore, it could be hypothesised that by improving the health of adults (tackling feelings of anxiety/depression) a reduction in school absenteeism is being encouraged. Although there is a high proportion of school absenteeism and a low proportion of children who are achieving their potential at school, it was reported by parents that they have discussed their child's progress with his/her teacher within the last 12 months.

### Case Study

*Family members:* Two adults and three children at 5 years, 3 years and 1 year  
This family lives in a three-bedroom house. Both adults have been living together for five years and they have two children. The mental health of both adults in this family is an issue for concern. Adult 1 feels very isolated as she has no family of her own living near by, and she feels she is minding her children all the time and as a consequence gets no break from parenting. Adult 1 feels extremely anxious/depressed and this is affecting the communication between both adults in the house. Adult 1 was fostered all her life and during the interview showed a high level of anxiety and depression about her life. Adult 2 is illiterate and is embarrassed about this problem, but he won't get help. As a result of his illiteracy he feels he cannot get

a job and so remains unemployed.

Child 1 is quiet, lacks confidence and has nightmares about stolen cars. He has been bullied at school, but his teacher has not picked this up. As well as being bullied Child 1 is also a slow learner, which according to his parent, the teacher has not picked up on either. However, Adult 1 feels her own support is helping Child 1 with his educational difficulties.

The family experience a lack of privacy in their day-to-day lives. There is no support available for this family. They have very little money and, therefore, cannot afford some basic necessities that other families have, such as a family day out.

#### **GROUP 6: NEED TO IMPROVE ADULT RELATIONSHIP**

There are five families in this group, consisting of 6% of the total number of children. The adult relationship in each of these cases is poor and is an issue for concern as it is having a negative effect on the children's development.

Adult 1 and Adult 2 in each household fight regularly, while in two households the partner says things to make the mother feel bad. In one family the partner hits/injures the mother and in the same case the mother feels anxious/depressed. 18% of children live in families where there is a lack of privacy, which results in tension and arguments amongst the adults. 55% of children live with parents who feel anxious/depressed (S=41%), while the same number of adults have talked to someone because of feeling depressed and have received help. In 60% of the households, family life is affected by the father's work, e.g. works away from home a lot. The fact that one partner works away from home can be seen as a contributing factor to the level of feeling depressed – the other partner is home alone with the children a high proportion of the time and may find this difficult. This issue could also result in regular arguments amongst adults.

More than half (54%) of the children live in housing that is in need of improvement (S=54%), a fact that would cause tension between adults and could, therefore, result in fighting. A very high proportion of this group live in families that are personally affected by anti-social behaviour (82% / S=40%), which would leave some households vulnerable where one partner is left alone a high proportion of the time. 22% of parents in this group reported that they experience parenting difficulties some of the time, (possibly a result of adult depression). Feelings of depression and fighting are common amongst these families, which might be compounded by the fact that almost half (46%) of the children live in families that are dependent on State benefits.

The children in this group have poor school attendance with 82% having missed between five and 20 days (S=39%) over the past 12 months. The analysis suggests that the poor adult relationship may be contributing to such a high level of missed school amongst children. 11% of children are reported to feel anxious/depressed (S= 14%), which could be linked to the poor adult relationship in the household. 18% of the children in this group have a long-term illness that interferes with their daily activities some, or most, of the time.

### **Case Study**

*Family members:* Adult 1 and four children aged 12, 9 and 6 years

Adult 1 is a single unemployed mother who has lived in a three-bedroom house with her three children over the past ten years. Adult 1 had three children from one father with whom she has irregular contact, and one child from another father with whom she has regular contact. Her current partner hits/injures her and his work interferes with family life which causes arguments. There are structural problems with the house. There is also a lack of privacy in the house and her partner is away a lot of the time. Crime and anti-social behaviour are common in their neighbourhood, which would most likely make the children feel unsafe in their environment.

Child 1 has been caught by the Gardaí with stolen goods, while both Child 1 and Child 2 have been bullied at school. The poor behaviour of Child 1 may be an act of rebellion due to the poor adult relationship. The children attend no after-school activities, but do interact regularly with their friends. Both Child 1 and Child 2 over-eat, while Child 2 is also reported to feel moderately anxious/depressed. Once again the feelings of depression and over eating may be a reaction to the poor adult relationship.. The children miss a fair amount of school due to family illness, family problems and visits to father, which have a negative effect on their learning and development.

Overall, the analysis suggested that the children's difficulties might be due to the poor adult relationship in the home.

#### **GROUP 7: NEED FOR SUPPORT BECAUSE OF ISOLATION IN THE HOME AND/OR COMMUNITY (BULLYING, ASB, ETC)**

There are four families in this group with a total of 5% of the children in the sample of which 88% are male. There is a sense of isolation in these households, which is affecting the children's day-to-day lives. 43% of households are affected personally by crime (S=50%) and anti-social behaviour is also evident (43% / S=71%) with 14% (S=40%) being personally affected by ASB. Both crime and ASB are likely to create a sense of fear in households, which invariably affects the children's social and emotional development.

One third (S=50%) of the children in this group are not involved in out-of-school activities with three of the children being below school age. Involvement in out of school activities provides parents with a break from parenting and also provides children with very good social and educational support. Therefore, a high proportion of children in this group are missing out on this valuable support. Almost one in two (43% / S=42%) children live in households where the parents find them quite difficult to manage - an inevitable result of keeping children indoors due to the ASB and crime in the neighbourhood.

#### **Case Study**

*Family members:* One adult and three children aged 7, 4 and 2 years

This family is renting a three-bedroom house. The feeling of isolation is a key difficulty for this family and is affecting their lives in a negative way. Adult 1 has a boyfriend and she has lived in the area for four years. She is very isolated because she has made very few friends and her family live far away, which results in a sense of loneliness. She cannot afford to travel to see her family regularly, which if she could would be a positive contact for her children.

The household is affected by anti-social behaviour and Adult 1 is terrified of stolen cars, but has become used to them, which, as a single parent, is particularly frightening. Adult 1 is very lonely and feels anxious/depressed and feels there is nothing to do in her area. She lives through her children and does not work because of them. Adult 1 lives on the lone parents allowance and feels lonely isolated and is struggling financially. The household also experiences a lack of privacy, which as a result is very stressful.

## **GROUP 8: NEED FOR ADDITIONAL EDUCATIONAL SUPPORT**

This group consists of three families in which there is 3% of the total number of children. The children in this group are all in need of additional educational support, which it is hoped would improve their learning and development.

There is need for additional educational support with two children having ADHD and one child having a learning difficulty. The statistics show that none of these children are getting help for their educational needs. One-third of children live with adults who have achieved a Junior Certificate qualification, while the same proportion live with adults who have also attended higher education.

The educational supports in this group appear to be letting the children down, as 100% of parents have discussed their child's progress with his/her teacher showing an interest in their children's educational progress, yet the difficulties and worry continue. 17% of children have eating difficulties (S=16%), which may be a contributing factor to their educational needs. It was reported that one child is three years below his age level at school. He needs one-to-one attention, but is not receiving it. Neither adults nor children in this group have problems with depression and school attendance is very good with 83% of children having missed less than 5 days and 17% having missed no school at all.

Overall it appears that the children in this group are doing their best to attend school, but they appear to be getting very little support for their educational needs.

### **Case Study**

*Family members:* One parent and two children aged 17, 13 and 9 years  
Adult 1 has been living in the area for the past 19 years and has her family living close by. The children have no contact with their father. Child 2 has a learning difficulty, which seems, according to the parent, to have been ignored by the school. The school can only give support to a certain number of children and Child 2 seems to be left out.

Adult 1 is coping fine, but she feels there is a 'bad element' in the community and would leave it if she could. She works part-time and has a good employer who supports her family life. Adult 1 feels she has no supports for Child 2 and so she fears for his future. It is clear that the parent in this family wants to help her child, however, any educational supports in existence just don't seem to be assisting him.



## **GROUP 9: NEED TO IMPROVE CHILD'S BEHAVIOUR**

This group contains two families with a total of 3% of the children in the sample. The behavioural difficulties of most of the children in this group affect their development.

40% of children live with parents who feel they cannot cope with their children some or all of the time (S=42%). This high proportion is representative of the behavioural difficulties of the children. One child was reportedly acting-up at school, which was causing family friction, while another child (15 years old) was involved in crime (drugs). There was family break-up in both families with one-third of the children seeing the absent parent once, or more, a week. The analysis suggests that the family break-up is a contributor to the children's behavioural problems.

One quarter of children were reported to feel moderately anxious/depressed, which at such a young age is detrimental to their development. It is likely that the children's feelings may be at least partly a result of the adult discord. All of the parents in this group have some problems with anxiety/depression also. To what extent the children's behaviour feeds into the adult feelings of anxiety/depression or the other way round is unclear. The incidences of anti-social behaviour were quite high in this group with two-thirds (67%) of children living in households that were affected by ASB (S=40%), which contributes to family tension and depression.

No children were reported to have been abused within the last two years, which is definitely a positive feature of this group as compared to other groups outlined previously.

### **Case Study**

*Family members:* Two adults and three children of 17, 10, and 6 years

This family consists of a couple with three children who have been living in the area for the past nine years. Adult 1 has two children from a previous relationship and Adult 2 has one child from a previous relationship. They have all come together as a family - often a difficult situation for children to cope with.

There is some friction with the eldest child because of this situation, as she misses her birth father and as a result she acts-up at school and has been rebelling for the past two years. She has eating difficulties, which may indicate a sense of anxiety or could be attributed to adolescence and an over-emphasised interest in her body image.

Adult 1 feels moderately anxious/depressed, which could be attributed to Child 1's behaviour.

In essence, it is the child's behaviour which is the in immediate need of attention in this family.



## **GROUP 10: NEED FOR ACCESS AND SUPPORT FOR DISABLED CHILD**

There are two families in this group with a total of 2% of the total number of children. The children in this group are in need of additional support and access for their disabilities.

Three quarters of the children in this group have long-term health problems. There seem to be no instances of bullying, although at least one quarter of children live with parents who are unaware whether they have been bullied in the past. 100% of children live in families where there are housing difficulties - for example, there are no ramps for children in wheelchairs. This situation must make these children's lives very difficult.

75% of children have missed between five and 20 days, which is most likely, attributed to their long-term health problems. Three quarters of children live with adults who feel they cannot cope with them some of the time, which is a feeling compounded by the lack of support for their disabled children. One quarter of these children are not achieving their potential at school (probably because 75% have missed between five – 20 days).

There is a high proportion of anti-social behaviour in this group with 100% of children living in households that are personally affected by ASB. Crime is also evident with 100% recognising that there is a problem with crime and half of these having been personally affected by crime. Crime and ASB, as in most of the other need-groups and as was reported in parent sessions, is a significant difficulty in all the communities and is arguably having a profound effect on the social and emotional development of the local children.

There are no problems with feeling anxious/depressed in these families - a positive feature considering the level of stress these families are under. The analysis shows that these children are very isolated in their homes due to a lack of access and the high levels of crime and ASB in the area.

### **Case Study**

*Family members:* Two adults and three children aged 10, 8 and 4 years  
The family has been living in a three-bedroom bungalow for the past six years. Adult 1, Child 1 and Child 2 are all disabled, with Child 1 in a wheelchair.

The main difficulty the family has is that they have been fighting with the council for proper facilities, such as ramps, access to garden, etc, for the past three years. The house is structurally unsuitable for people with disabilities. However, the council has not modified the house to date. The family needs support for their children, especially as Child 1 is extremely disabled and is attending a special school. This must be a very difficult upbringing for these children further compounded by the unavailability of any community supports. The household is affected by local teenagers loitering outside their house and rubbish being dumped in their garden, which limits both children's access to the garden.

Adult 1 is in full-time employment and Adult 2 is receiving disability allowance, however, the family as a whole is in obvious need of disability support.

There are good family relationships in this household, which allows the family to support one another.

## SUMMARY

The overall sample of families presents many needs, of which the most prevalent are accommodation and financial difficulties, health problems amongst adults and children, parenting difficulties, problems with anti-social behaviour and problems with children's education.

Accommodation issues include problems with heating, windows and fixtures and a lack of privacy. The families who find themselves with these difficulties are most likely financially behind and living in rented Local Authority accommodation. One parent who was involved in a consultation session with researchers stated:

“You can't win with the council. You could have rent arrears. We answer to the council, they don't answer to us.”

It is vital to reiterate here that 70% of children live in households with financial difficulties. This is a huge proportion and such poor financial situations have devastating effects on the children's education, health and development. One parent explained the lack of privacy as follows:

“It's the attitude. There's a lack of respect, a lack of boundaries between neighbours. They walk in and out of your garden or their dogs do. They don't see the problem. They're not interested.”

The health of adults in the sample is poor with 41% of children living with adults who feel moderately or seriously anxious or depressed. The most worrying statistics with regard to children's health is the fact that 14% were reported to be feeling moderately or seriously anxious/depressed and 10% were reported to have been physically, sexually or emotionally abused with the last two years. These statistics indicate a poor standard of living and overall development for these children. One in two parents feel over-burdened, which is a clear indication for the need for the development of parenting skills. Anti-social behaviour is a significant problem in the local community with one in three children living in households having witnessed ASB, and 40% of children having been personally affected by ASB. ASB presents as a serious problem by parents, with one parent stating:

“The girl next door to me had a dirty house and kids. Their house was robbed five times and they smashed in her house and banged on her door. It was all because she was on her own, but when the husband came back there wasn't a sign of them.”

Education is a vital part of children's development and learning process. However, it was reported that one in three children have been bullied in school within the last term. Bullying can create many other problems for children, such as poor self-esteem, depression, eating difficulties and so on. School absenteeism was quite high with 43% of children having missed between 5-20 days and 8% having missed more than 20 days within the last 12 months. After-school clubs/homework clubs are a positive aspect of any child's learning and development, however, only 13% of children in the overall sample attended after school clubs/homework clubs. This is an extremely low proportion, which merits some investigation as to how this resource could function better.

The statistics of the whole sample above indicate significant risk factors to the overall development, health and learning of children.

The ten need-groups outlined signify the level of need that exists in the community. Once again, it is important to remember that the families in each group have many needs. However, the most fundamental need was identified for each family, so that once addressed, it would then help to meet other needs. The issues in each group generally mirror the needs identified from the whole sample, as outlined above and by parents and children during consultative sessions. The group with the highest number of families is the one outlining financial and accommodation difficulties, which is reflected in most of the need-groups and case studies recorded. It was necessary to develop a group solely to represent the problem with anti-social behaviour. ASB has been noted as a significant problem by parents and children alike. Some children commented on the level of ASB during the children's participation sessions:

1. In one session all the children knew the field as 'the place where anti-social behaviour takes place'. It was known as the place where "everybody" rallies or takes drink and drugs. They suggested that this was an everyday occurrence.
2. One girl noted that the wall around her house had been knocked down a number of times by joy-riders. She also noted that the guards had been called, but had always come too late to catch the people in question. A number of children highlighted that stolen cars get burned out.
3. "There's a lot of rubbish on the road-cans and glass bottles. They get left behind by kids drinking."

Education difficulties are outlined in the need-groups, with one group suggesting the need for children to feel safe in school, another group suggesting the need for support because of special educational needs. School absenteeism is a common problem across many groups. Some of the children in the participation sessions indicated that it is better to be in school than out of school because "your friends are there". Teachers seem to play an important part in the lives children, for example reference was made to kind teachers and to others who were disliked for being too strict. One group of children identified the resource teacher as the nicest teacher, and most children in this group highlighted that they would approach this person if they ever had a problem.

Health problems are evident in most need-groups with two groups specifying health problems, one of adults and the other of children, as their core need.

The needs of the community and personal lives of children are outlined in the need-groups and they identify a high number of risk factor to the children's overall development and learning. In conclusion, it is worth noting and reflecting on some of the suggestions that children made in relation to ways they would like to improve their community and, therefore, address their needs as they see them:

- “We ... need higher walls and ramps to stop the robbed cars driving so fast.”
- “We need more bins in the area and get them cleaned out more often.”
- “Get the dirt out of the river in the park.”
- “Have more goalposts so we can play football.”

## PART 2

### SERVICES

As part of the survey parents were asked about their use of services for their children. It is vital to access this information in order to move forward positively in the future and to develop a strong foundation to improve current services, and develop more effective and innovative ones for children. In conjunction with this data,<sup>23</sup> the data on need as outlined earlier, and the perspectives of children (gathered in the course of this research) will be used in future service improvement, design and development. It is viewed that better services will result in better outcomes for the children in the communities.

The research indicates that there is a high level of need in the community. However, there are few services, either being accessed or in existence, to cater for the various and complex needs of the children and their families.

The analysis considers some issues related to services. Firstly, the meaning of the term 'service' is explored. The second issue relates to the type of services contacted by families<sup>24</sup> to address their child's need(s), for example doctor, social worker. Thirdly, the issue of the type of help which services provided to the child is examined, for example, advice, education, and treatment. The fourth issue questions where the child received the services - this is outlined in terms of three categories; at home, locally (in the community) or not locally (beyond the community).

#### WHAT IS A SERVICE?

Services can be described as both universal and selective. Universal services are those, which are provided to everyone, for example, primary and secondary education, doctors, Gardaí, a recreational service such as a playground. On the other hand, selective services can be described as remedial interventions provided to people with specific needs, for example, resource classes in schools for children with special educational needs.

Services are provided within a community and a family. Organisations, both voluntary and statutory provide services, e.g. family support services. There is also debate surrounding what activity does and does not constitute a service. Some see a service as everything that the service professional does, e.g. making referrals to other organisations or meeting clients. However, others think of a service as the activity, which the service provides, which in turn benefits the child or family in need, i.e. an intervention.<sup>25</sup> By intervention we mean that someone intervenes in the life of a family or child to address a need and in turn to improve the quality of life for the child or family.<sup>26</sup>

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<sup>23</sup> Data on services applies to the two eldest children in the family and, therefore, contact information is in relation to the two eldest children. The term 'contact' means any contact, regardless of whether help was provided.

<sup>24</sup> Contact was made within the last 12 months.

<sup>25</sup> Information received from Dartington Social Research Unit.

<sup>26</sup> James J. Gallagher, "The Family as a Focus for Intervention", Samuel J. Meisels and Jack P. Shonkoff, edited, *Handbook of Early Childhood Intervention*, (Cambridge: Cambridge University Press, 1990), 542.

### CHILD'S CONTACT WITH LOCAL SERVICES

Table 21 shows the proportion of children (187 children in total) who contacted local services and who did or did not receive help while visiting the service over the past 12 months:

**Table 21: Contact with services**

| Service   | Yes contact, yes service | Yes contact, no service | No contact, no service |
|---|--------------------------|-------------------------|------------------------|
| GP/Doctor   | 46%                      | 19%                     | 35%                    |
| Public health nurse                                 | 9%                       | 5%                      | 86%                    |
| Psychiatrist/psychologist                           | 4%                       | 2%                      | 94%                    |
| Other health professional                           | 8%                       | 3%                      | 89%                    |
| Teacher/head teacher                                | 38%                      | 26%                     | 36%                    |
| Educational psychologist                            | 1%                       | 3%                      | 96%                    |
| Education welfare officer                           | 3%                       | 2%                      | 95%                    |
| Other educational professionals                     | 10%                      | 1%                      | 89%                    |
| Social worker                                       | 2%                       | 3%                      | 95%                    |
| Foster carer/children's home                        | _____                    | _____                   | 100%                   |
| Other social service professionals                  | 3%                       | 2%                      | 95%                    |
| Garda   | 4%                       | 1%                      | 95%                    |
| Juvenile Liaison Officer (JLO) or Probation Officer | 2%                       | _____                   | 98%                    |
| Solicitor   | 1%                       | 1%                      | 98%                    |
| Advice Centre                                       | _____                    | 1%                      | 99%                    |
| Playgroup/parent group                              | 4%                       | 4%                      | 92%                    |
| Other parent group                                  | _____                    | _____                   | 100%                   |
| Any other official department/professional          | 2%                       | 2%                      | 96%                    |

According to the parents of the children who engaged with services, 76% of them benefited from the services they received. This is a positive feature of the survey which shows that some high quality service providers exist in the four communities. Such benefits include counselling for return-to-school candidates, more confidence and improved concentration because of dyslexia, help from a speech and language therapist, which improved the child's communication skills.

There is relatively high use of doctor and teacher services (approximately 60% for each service). This proportion indicates where the services are located (i.e. schools and medical centres/surgeries), and where families like to go to access services. Thus, the teacher and doctor are the most widely used services in the four communities, however there is a marked fall-off in the use of other services. There is a low use of services in the communities other than the teacher and doctor. In all, approximately only one third of

children received services from sources other than the teacher or doctor. One case where a child accessed a service and received help is outlined below:

A ten-year-old girl was assessed because she was not going to school. She was offered counselling and was relocated to a new school. The help is on-going for this child, but it has helped her as she is feeling much better about herself. The service offered to try to get the child to return to school, they arranged to drive the child to school and they offered support to both the adult and child.

The example above indicates how it is important to consider the whole family when helping a child.

The second column in Table 21 displays the proportions of children for whom, once contact was made with a service, did not receive any help. Parents may have been unaware of the correct service that would provide their child with the help he or she needs. Services are often limited in the type of help they can provide and to whom they can provide with help. It is worth noting that not all services are open to everyone in the community, and also that not everyone who is offered help accepts it. One parent described an instance when her child received a service, but the service was not beneficial:

The parent's 16 year old child was arrested. He received the service in Dublin city. No help was offered and the service was not beneficial. The parent reported that the service felt that a night in a cell would do the child good.

High proportions of services are not being accessed at all, or are accessed by a very low number of children. 95% have no contact and no service with the education welfare officer. Almost the same proportion of children have no contact and no service with a social worker (95%) or an educational psychologist (96%). In the overall sample, 16% of children have special educational needs and, therefore, it is difficult to understand how more people would not have had contact with an educational psychologist in schools over the past 12 months. Only 14% of children have contact with the public health nurse, with 5% of these having received no service. It is important to recall the high proportions of physical and mental health difficulties of children in the communities.

**Table 22: Physical and psychological health**

|  |     |
|--|-----|
| Children with eating difficulties        | 16% |
| Children moderately/highly depressed     | 13% |
| Physical/sexual/emotional abuse of child | 10% |
| Child with long-term illness/disability  | 15% |

Table 22 indicates that a higher proportion of families should have accessed some sort of health professional over the past 12 months.

Regardless of whether these figures indicate that the services are not readily available in the communities or that there are long waiting lists for some services, e.g. educational psychologists, this research points to the need to identify these redundancies.

Whether it is the case that these services are not being accessed, or there are not very many of them, the findings delivered here illustrate that there is an overall lack of family support services available in the four communities in question. As part of this research an audit of all the children and family service providers in Tallaght West is being conducted.<sup>27</sup> From our preliminary research, it appears that there are relatively few service providers and professionals in the community delivering adequate services to an adequate number of children. This is even more significant in light of the previous data demonstrates such a high level of need.

A startling statistic is that 100% of respondents have no contact with ‘other parent groups’. While only 8% have contact with ‘playgroup/parent group’, 3% of these receive no service at all. It is worth considering some of the need-groups outlined earlier in relation to these statistics. Some of the key adult needs that arising from the need analysis are: depression/anxiety, overburdened parents, poor adult relationships and parents feeling isolated in the home. Parent groups can help to meet these needs and, in turn, have a positive effect on the life of the adults and their children.

In particular, the low proportion of children accessing playgroups is quite startling. The overall sample supports this proportion as it was found that only one in three of the 0-4 age group were accessing a playgroup. Research shows that early-years intervention has been proven to make a significant difference to children’s development. An OECD review cites research in the USA, which indicates the significance of early intervention as a method to “produce long-term cognitive and academic benefits for children from disadvantaged backgrounds”.<sup>28</sup>

Early intervention needs to begin as early as possible and needs to be sustained throughout primary school and, for many children, during the transition from primary to secondary school.<sup>29</sup> Early research into the ongoing audit of children and family services in Tallaght West is showing a low level of services for a high proportion of children, which means the services are not matching the needs. According to recent research, there are 300 pre-school/playgroup places for 3,000 children in the 0-3 age group in Tallaght West.

It is surprising that such a high number of respondents said they have not contacted the Gardaí recently (96%), as the overall sample shows that 41% of families are affected by ASB and 50% are personally affected by crime. These are issues about which the Gardaí should be contacted. Did people understate their contact with the Gardaí, or are families afraid to report incidences of crime because they are fearful of victimisation? This issue

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<sup>27</sup> A questionnaire is being used as a tool to gather as much information as possible about local service providers, e.g. opening hours, number of children accessing the services, location of the services and so on. Once the information has been gathered and analysed, it will in turn form a significant part of the overall research.

<sup>28</sup> OCED, 1998, cited by *Ready to Learn-White Paper on Early Childhood Education*, (Dublin: Stationery Office, 1999).

<sup>29</sup> Area Development Management Ltd. *Preventive Education Strategies to Counter Educational Disadvantage*, Dublin: Area Development Management Ltd., 56.



was discussed at our consultation sessions with parents. Parents were asked had they ever reported incidences of anti-social behaviour to the Gardaí. One woman replied:

“30 of us went down to the Guards once because there were three families causing trouble. You had to sign your name and we had a petition, but people were afraid to sign their names. We had to keep diaries and then [alert] (*check this quote*) the council to prove that we were doing something to stop our neighbours causing trouble.”

Some parents at the consultative sessions also indicated a resistance to health board workers because of the stigma attached, for example:

“I found it hard to accept the health board into my home because of the stigma. They made recommendations around visitations for the children’s father, which were to be supervised. Now I supervise my ex-husband for two hours a week because the health board won’t do it, even though they made the recommendations. I don’t feel safe. They say there is no social worker to do it. There’s no follow-up. They need a go-between between the social worker and family.”

This woman is obviously living in fear of her husband, which reflects the feeling of isolation and need for safety in the need-groups earlier. It should not be acceptable for a mother to be placed in such a frightening position as she has the right to receive assistance from a social worker. However, the example clearly shows a lack of resources for social workers in the area.

Another woman supported the view of that health workers have a stigma attached to them by saying:

“If you want help you’d have to go to the health board. There’s a stigma attached to it. You think they’ll take your kids away.”

With regard to housing difficulties it was suggested that the reason for low reporting of other issues such as housing difficulties is because of a lack of interest from the council and a ‘you against us’ scenario. People suggested the following about what would happen if they protested about housing problems:

“You’d get arrested.”

“My windows have been smashed in because my son is black. The council’s anti-social team said, ‘what have you done?’

“You can’t win with the council. You have rent arrears. We answer to the council, they don’t answer to us.”

### **INTERVENTIONS PROVIDED**

The top five figures of Table 23 are high comparatively, but in the overall analysis the figures are low. There are a number of possible reasons for the low level of help received. One reason is that people are accessing the wrong service for their need. Perhaps they do not have the information about where or how to access the most suitable service. Research needs to be done to establish whether the services themselves have the correct information about where to refer children in various instances.

**Table 23: Type of help received**

|                      |     |
|----------------------|-----|
| Advice               | 33% |
| Information          | 27% |
| Treatment            | 27% |
| Practical assistance | 18% |
| Care/tending         | 18% |
| Education            | 15% |
| Befriending          | 6%  |
| Recreational         | 6%  |
| Financial            | 4%  |
| Legal action         | 4%  |

It is unsurprising that the ‘information and advice’ help would be high, as this type of help is generally most readily available in communities. Families, therefore, receive the most help for problems with health and education. Such problems include medication for a child with ADHD from the local GP and repair of an arm breakage at Tallaght Hospital. Overall the type of help received is low level, such as information/advice, whereas more intensive help is not received very often.

Both parents and children note the absence of playgrounds in the communities. There is one playground in existence (in the four communities of this research) and both parents and children felt it was supervised quite strictly. Where are services being provided to children?

**Table 24: Where the help took place**

|             |     |
|-------------|-----|
| At home     | 12% |
| Locally     | 70% |
| Not locally | 18% |

It is positive to see that so much help is being received locally. However, much more help needs to be located in the home if services are to be truly accessible for families. It was reported at a consultative session with consortium members that the value of providing services in the home is very significant. This view came from service providers who work with families on a day-to day basis, and realise that outreach work is valuable to both parents and children.

18% is quite a high proportion of services to be delivered outside the community. Is this because these services do not exist locally or that children are accessing already-existing services elsewhere? Is it possible that this could be due to a quality issue? Perhaps some organisations cater for a wide proportion of communities in one location? It is also possible that the services not attained locally are specialised, such as physiotherapy or cancer treatment.

## SUMMARY

It is clear from the data presented above that there is a high level of complex need in the four communities. However, currently the number of services available to address this need is low.

The services being accessed the most are the teacher and doctor, with a very low proportion accessing other services (such as recreational). Recreational services are limited in the community with only one playground in existence at present. This playground is based in one community, while there is a total of almost 7,000 children<sup>30</sup> between the ages of 0-14 years living in the four communities. This data shows that parents use services for their children in places that they feel comfortable, and that are easy or convenient to access, such as a doctor's surgery or school.

The data collected in relation to service use for children in the communities will prove invaluable in the improvement of already existing services or the design of new services. The ongoing audit of services will also provide very useful information in this regard. The service data will, therefore, help to encourage the implementation of services that will benefit the development and well-being of the children in Tallaght West in the future.

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<sup>30</sup> Census 2002, National Statistics Office

## SECTION 4

# A SOLUTIONS-BASED APPROACH

This research has put together essential data for a solutions-based approach to remove the barriers to the well-being and educational achievement of the children of Tallaght West. An evidence-based profile of the region confirms that the majority of the children are carrying a disproportionate burden of the inequality and poverty characterising Irish society as a whole. A representative community survey demonstrates that there is a high level of complex need in the four communities and that the number of services available to address those needs is low. The Childhood Development Initiative believes that a community-based and solutions-based approach can deliver better outcomes and lasting change for the children and their families.

### ELEMENTS OF THE SOLUTION

There are four necessary elements to a comprehensive solution:

First, a long-term plan that is outcome-focused, with built-in evaluation mechanisms, needs to be designed and delivered in an integrated manner by professionals and residents working in Tallaght West. This process has begun and will incorporate strategic consultation with stakeholders, inclusive of children's participation sessions in the four communities.

Second, we need to think afresh about how to support children and families based on research evidence. This report gives us a solid base from which to design new services, improve existing ones and forecast the necessary increases in service capacity in order to achieve desired outcomes.

Third, wider public policy implications of our desired outcomes need to be identified and action taken. Examples may include advocating for increases in children's income (especially those who are living in poor households), improved approaches in urban design and environmental adequacy for regions characterised by disadvantage, and integration of all early education and care policy at national level.<sup>31</sup>

Fourth, investment for the ten-year plan must be raised. We will lobby government and private investors on the basis of three rationales.

- A community-wide approach that is research-based and outcome-focused will produce better results than current organisational arrangements.
- Regional results will contribute towards meeting national targets set in areas relevant to the education and care of children.
- Fairness demands additional investment in Tallaght West in order to eliminate the disproportionate burden of poverty and inequality that our children carry.

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<sup>31</sup> This is a key recommendation of the 2004 OECD report, *Thematic Review of Early Childhood Education and Care Policy in Ireland* (Dublin: Department of Education & Science).

## **THINKING AFRESH ABOUT SUPPORTING CHILDREN AND FAMILIES IN TALLAGHT WEST**

The data in this report can help with fresh thinking about support for children and families in Tallaght West. We now know something about the needs of children in the area. For example, by a simple calculation, we know that there are probably about 830 children in Tallaght West who need to feel safe in school and in their community. If there are 830 of these children this year, it is highly likely that there will be a similar number emerging next year. How can we prevent these needs from emerging? The data should be able to help us with this.

We now know something about the services currently available for Tallaght West children. Some of these services are benefiting children (teachers and doctors), although it is noticeable that there is a lot of short-term, low intensity work, whereas children's needs tend to be complex and enduring. It is also pretty obvious that current arrangements are not adequately meeting the needs of all Tallaght West children. Indeed, it is unlikely that they were established to do this. As such, we have an opportunity here to think about how current provision could better meet the needs of children in the community.

But the data throws up other opportunities for Tallaght's children. There are obvious public health and education messages in these data. This means thinking about support for all Tallaght's children with a view to preventing specific types of impairment experienced by the minority (for example anti-social behaviour, bullying or being behind in school). We know from research that putting in playgrounds or sports facilities that benefit everyone is often the most effective form of prevention. We also know that children's chances of future success are shaped to a great extent by their experiences after school. Putting in place a local system of after-school programmes - as distinct from stand alone programmes by individual providers - can be the best way to ensure that all children have access to high-quality out-of-school activities.

The data also speaks to the design, implementation and evaluation of new services that can target specific types of problem - for example, improving balance for the dyslexic child or medication and psychotherapy for the depressed child. New targeted services come in two forms. First we can use the evidence about 'what works, for whom, when and why' from around the world. If there are effective ways of reducing anti-social behaviour that appear to work in Netherlands, then they should be tried to see if they are effective in Ireland. Second, there are also opportunities to work out new ways of responding to the needs of Tallaght's children.

Finding out new ways of supporting children is not the job of an individual or small group working in a laboratory. We have the data, but we need to interpret it. It goes without saying that the people who live in Tallaght West - the children, their families and the people who are paid to help them are going to be best at this interpretation.

This process of consultation has really only just begun. Parents living in the community collected much of the data already delivered in this paper. We have organised focus groups of professionals and parents to think about some of the emerging themes. But much more consultation is required before we can proceed with the actual formulation of a lasting ten year plan for the area.

What we can do is indicate what might lead to improved well-being for the children of Tallaght-West. However, we have to say something about the ground-rules used in formulating these examples and which will be applied to our planning process.

First, for any proposal made, we should be prepared to set out the evidence for why it is likely to make a difference to Tallaght's children. For example, we might say that Tallaght's children should have more after-school support. The question which follows is why should this lead to better outcomes?

Second, we have to be clear about which children any proposal is targeted at. It seems to be common sense to say after-school provision will be targeted to those at school, but is it more appropriate for particular groups of children in need (drawn from the 10 groups) than others? Does it make sense, for example, to say that the children with low level needs could manage without such provision?

Third, the focus of the CDI is preventing problems in the first instance, and dealing with problems that arise second. The primary task is not to get a better life for the children in the survey, although that of course is important. The primary task is to think about how we can prevent the kinds of problems experienced by children in Tallaght today from happening to children in the future.

Fourth, we have to build on existing provision. Clearly, the support offered by doctors, public health nurses, social workers, teachers, voluntary workers, the Gardaí and others is positive. The questions are 'how can this support be better integrated?' and 'where does it need to be supplemented?'

Bearing these rules in mind, we have divided our suggestions into five:

- Public health type prevention
- Public education-type prevention
- Implementing proven targeted prevention / intervention activity
- Potential new service designs that speak directly to the Tallaght context
- Better integration of existing provision.

#### **PUBLIC HEALTH-TYPE SERVICES**

Three public health type initiatives help to explain their potential:

The first is providing adequate heating in all of Tallaght's houses, something that would be taken for granted in most EU states, particularly those with relatively high GDP per capita. Our study supports recent decisions by Government and South Dublin County Council to implement an accelerated heating installation programme for all local

authority houses in Tallaght West. Approximately 1,000 additional houses will have central heating installed by the end of 2004. Why would sufficient heating have an impact on Tallaght's children? Running across the groups of children in need, and particularly emphasised by the focus groups of mothers, was a concern about a lack of privacy. When heating is restricted to a single room, most members of the household and those in the house, but living elsewhere, want to be in the heated room. There is no place for parents to take a break, or for children to do their homework or for friends to sit and play. It is from these routes that adult's mental health is strained or family relationships become discordant. It is also from these routes that children become disengaged from learning and are absent from school.

Second is attention to the environment. Many people are living in an environment that they do not respect. Roads and landscaping have not been designed with the needs of residents in mind. The distinction between public and private space has become blurred. Parents feel hemmed in and children worry about getting about unharmed. Since there is little to respect, vandalism is rife. Since there are so few designated play spaces, children play in the gardens of houses, or on roads or trespass onto other private land.

Third is the provision of culture, sport and other extra-curricula opportunities for children. Getting children moving and interested is enriching in its own right, but it can also help to reduce depression (children in the 3<sup>rd</sup> need-group), help them feel safe with other children (the 4<sup>th</sup> need-group) and can give them a break from troubled parents (the 5<sup>th</sup> need-group). There is a huge amount of untapped talent in Tallaght and a lot of energy is being channelled into unproductive activities.

There are plans for the development of three additional playgrounds in the communities. While money has been set aside for construction, financial resources and resident involvement is required to maximize their use, and to ensure that they are safe places to play. Furthermore, opportunities exist to implement job training programmes for residents in recreational education. Unemployed parents can be trained to facilitate recreational activities so that children learn as they play. This has added benefits of increasing employment rates and decreasing household's dependency on the state for income, two critical factors for the elimination of children's poverty in our communities.

#### **PUBLIC EDUCATION-TYPE SERVICES**

There is a growing body of research demonstrating the long-term benefits of high-quality early childhood educational programmes. Several studies throughout the past decade confirm that exposure to pre-schooling improves the long-term educational prospects of children from disadvantaged backgrounds. A very low proportion of children in our study have access to early years or pre-school opportunities. Readiness for school, improved parent-child interaction and early opportunities for socialising with peers, are all part of the early years experience. Co-ordinated efforts by community groups and schools to increase provision of high-quality programmes will benefit children in all the need-groups identified.

Our community survey shows that almost half of the children live in households dependent on State benefits. Clearly this is one of the biggest indicators of 'disadvantaged' circumstances. Schools in the four communities are currently implementing a number of schemes and initiatives, designed at national level, to provide targeted resources and programmes to children in disadvantaged contexts. These many multi-faceted approaches to tackling educational disadvantage include smaller classes, particularly in the early grades, a high degree of parental involvement in the educational process, the reform of school organisation to develop a unity of purpose, and building on existing strengths of teachers and pupils. We will take a fresh look at national initiatives by identifying ways to improve the fit between national provision and local need, and by advocating for changes needed to ensure effective solutions for our communities.

All of the need-groups demonstrate the integral link between adult and children's health and well-being. A significant portion of the analysis suggests that the conditions of poverty in the lives of adults lead to impairment of the children's healthy development. Our plan for lasting change for the children will necessarily generate more jobs in the four communities. Adult education and training programmes would go a long way toward tackling some of the fundamental causes of children's patterns of need, and prevent them from emerging in the future.

#### **PROVEN TARGETED PREVENTION**

Successfully adapting an intervention that has been proven to work in another country has to be done with care. Four examples describe the potential.

**First** is what might be labelled as the Harrington algorithm approach to teenage depression. Dick Harrington was a leading expert on depression in England. He found that a consultation with a mental health professional, cognitive behaviour therapy (CBT), medication and other psycho-social interventions all had a partial impact on childhood depression, but it was not possible to predict who benefited from what. Instead of promoting or rejecting any option, he combined them into an algorithm that involved (a) a brief consultation with a mental health professional first. (b) If that didn't work, he then tried CBT. (c) If that didn't work, he then tried medication. (d) If none of the above works, he then tries other psycho-social interventions, such as improved diet and exercise, psycho-therapy with a trained professional or practical support from a friend or relative. Used in this combination, there is much greater impact on child outcomes as measured by ending the depressive period, reduction in symptoms or re-occurrence of symptoms.

**Second** are responses to bullying that can be targeted at children in the 3<sup>rd</sup> and 4<sup>th</sup> need-groups in particular. Dan Olweus from Norway has devised highly effective programmes for highlighting the amount of bullying in schools, and he has offered simple procedures that can help pupils, teachers and parents to encourage its reduction. His programme re-structures the learning environment, to one characterised by supportive adult involvement, positive adult role models, firm limits, and consistent, non-corporal sanctions for bullying behaviour. Elements of the programme are:



- A school level - for example, by running conferences and establishing a co-ordinating group of professionals and children focused on reduction of bullying.
- At the classroom level - for example, by introducing a curriculum that promotes kindness, communication, cooperation, and friendship and includes lessons and activities stressing empathy, anger management, and conflict resolution skills.
- At the individual level - for example, by having serious talks with bullies and victims and introducing role playing of assertive behaviour with victims.

For Olweus, the key attributes of a good school environment are increased adult supervision, increased consequences for bullying behaviour, and a clear message that bullying will not be tolerated.

Amelia Kohm in Chicago is experimenting with a method for helping children better negotiate social dilemmas that arise when children have choices to bully, encourage someone else to bully or intervene to stop it. Her idea is quite simple: As children we all experienced moments when one child was threatening to bully another. In these instances we were faced with a classic social dilemma. Do we join in, do we turn a blind eye or so we intervene to stop the bullying? Many of us will recall wanting to intervene to stop the bullying, but not being sure how others in the group will react, and in fact fearing that they will react negatively. In many cases, however, other children also wanted to intervene. Kohm's research is about helping children to read these social dilemmas and to be more confident in coming to the aid of others, and so reducing the benign social support for children who bully. These and other programmes could clearly be of value in improving outcome for Tallaght's children.

**Thirdly**, there is a range of parenting interventions now available from the Oregon Social Learning Center and that have been replicated extensively around the world. These would be particularly effective with respect to children in the 9<sup>th</sup> need-group where there are problems with children's behaviour.

The Oregon repertoire is extensive. One plank is teaching parents how to avoid what is called 'coercive parenting'. This occurs when parents respond to misbehaviour in a controlling manner; they try to coerce the child into behaving well. Rather perversely this parenting technique increases, rather than reduces, misbehaviour, which in turn encourages parents to be more controlling. Parents are taught alternative methods for reducing anti-social behaviour.

A second plank of the Oregon Center has been to forge partnerships between teachers and parents with the goal of improving child outcomes. Problem behaviours are prevented by simultaneously influencing parents, teachers, and children to: (1) enhance family interactions, (2) increase pro-social behaviour and reduce negative peer interactions, and (3) improve the co-ordination between home and school. A particular aspect of the theory that underpins this response, is the way that anti-social children, left to their own devices, will find each other out and exacerbate each others negative behaviours.

Implementing the Parent Management Training Program (PMT) in countries outside the US is a third plank of the Oregon Center. For example, a major project is to have trained PMT therapists available in every municipality in Norway, and for them to be available

to intervene at the early stages of deviant child behaviour to prevent later substance abuse, child antisocial behaviour, delinquency, and school failure.

**Fourth** is the model NewPin, developed in the UK, which focuses on improving the self-esteem and confidence of parents, resulting in improved parenting skills and better health for the children. This service relies on parents in the community to reduce emotional stress and depression in mothers, boosting their self-esteem and improving the quality of parent-child relationships. This model is quite similar to the Irish Community Mothers Programme which aims at using experienced volunteer mothers in disadvantaged areas to give support to first-time parents in rearing their children up to one year old. Both the English and the Irish model have demonstrated effectiveness in better parenting skills and maternal self-esteem. Children in the 5<sup>th</sup> need group would clearly benefit.

#### **POTENTIAL NEW SERVICE DESIGNS**

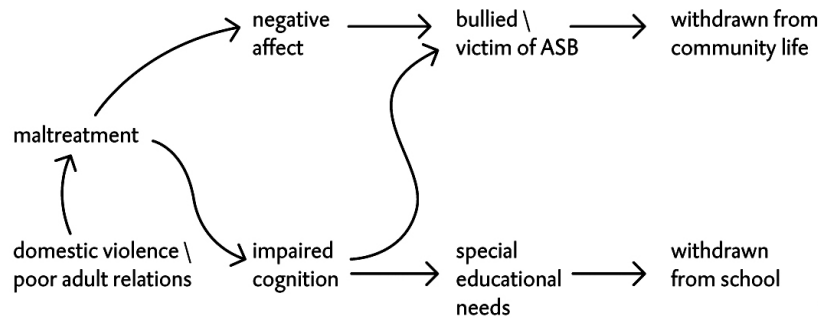
We give two examples here, one short and one long. The first arises with respect to children in the 6<sup>th</sup> need-group where adult relationships are strained by the general wear and tear of living in a stressful environment. When people are under pressure, they generally respond well to a 'fresh start'. One proposal is to develop groups of community volunteers led by some experts in, for example, house maintenance or gardening and landscape. These people can be invited into households under strain to renovate, clean and enhance the living situation, ideally giving the adults in the house some skills to repeat the process in the future. Additionally, those adults can be encouraged to join the volunteer group and return the favour with other households.

This would relieve the stress, provide a fresh start and get the parents involved in activities outside the home, as well as broadening their community network. If this translates into improved parent well-being, there is a reasonable chance it will lead to improved child well-being.

The second example concerns the 3rd need-group where there is a need to improve the mental and/or physical health of the child, including help with depression and eating disorders.

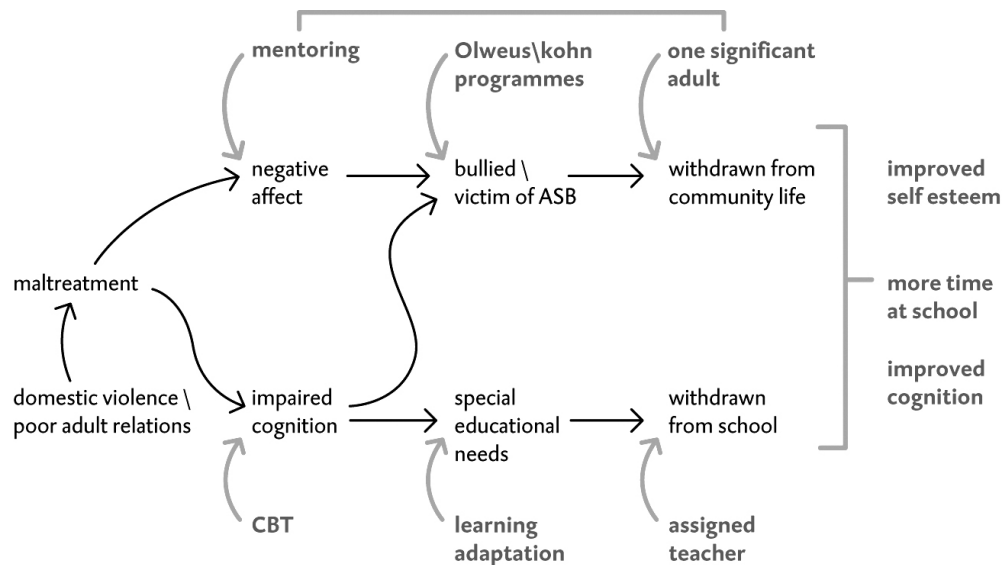
The first diagram below takes the elements of risk in this group and arranges them in a logical order. We know from research, for example, that maltreatment leads to negative affect and impaired cognition. We also know from research that negative affect increases the risk of being bullied and that impaired cognition increases the risk of educational need. The diagram arranges the risk as a chain of negative effects that lead children to drop out of school and become isolated in the community. How might this be prevented?

## ELEMENTS OF RISK



The diagram below gives examples of prevention activities that can break different links in the chains of effect that exist for the number of children with these needs in Tallaght West. In time, much can be done to prevent maltreatment and domestic violence. It is known that good mentoring, which provides children with one significant adult who is not a family member, helps reduce negative affects and the child's withdrawal from community life (two of the links in the chain). It is also known that cognitive behaviour therapy can do much to reduce the impact on cognition that follows domestic violence and child abuse. Assigning teachers to support individual children through the classroom is a proven method for reducing social isolation in school, as well as school exclusion.

## MENTORING AS PREVENTION



This range of preventative activity can contribute hugely to break the chains of negative effects for children in the 3<sup>rd</sup> need-group. We hope to achieve better self-esteem for our children as well as an improvement in cognitive ability of the children. Finally, there should be much less early school leaving. Not only are these types of outcomes important for Tallaght's children, they are vital, if replicated elsewhere in Ireland, to the productivity and success of our society.

### **BETTER INTEGRATION OF EXISTING PROVISION**

How can we get more from our existing services? Four brief examples will suffice to explain the opportunities for the many representatives of statutory and voluntary providers on our consortium.

First, it is clear from the interviews that many parents and children do not respect services, and there are clearly instances where services are not respecting the people they are established to serve. There is no quick fix for this problem, but better consumer participation on Boards, planning groups and evaluation exercises will do much to break down some of the existent barriers.

Second, it is not clear what each of the agencies involved in children's lives are trying to achieve exactly. Working with health, social care and schools to think about how we can work together to prioritise and then achieve a small number of important outcomes for children, for example reducing early school leaving rates, improving behaviour or lessening other types of exclusion would greatly improve integration of services as well as benefit children directly.

Third, from the interviews and focus groups there is a sense that children and family feel they are living in a community that belongs to somebody else. Changing the image of services, (for example, the Gardaí are seen to police the community for the community, or that social workers use the support of families as a mechanism to protect children from maltreatment), could do much to improve engagement with current provision. There are many simple steps that could be taken in this direction:

- Working with the community to identify crime reduction targets and mechanisms (including, but not just, the Gardaí) to achieve those targets.
- Establishing management boards for statutory services that are populated by members of the community.
- Involving, as has been done in this project, children and families in the design and implementation of new services.
- Basic people management skills for all public servants will also bring positive results.

Fourth, much could be achieved by having a single point of entry for children's services. It should be a pleasant context, where children and families normally go and which has a range of statutory and voluntary providers. There are many examples of good practice on which to build. In England and Norway, there are now systematic programmes to create what are called 'extended schools' that seek to meet a wide range of children's needs, and not just their education. The movement across the European Union to reduce social exclusion of children primarily by opening and maintaining access to health and education is another.

## **CONCLUSION**

Clearly there is much opportunity to improve the quality of life and well-being of children in Tallaght West. Improvement is not going to follow from doing more of the same. Equally, it is counter-productive to launch a series of well-meaning, but ultimately ill-planned, initiatives.

We have indicated a number of steps that the Childhood Development Initiative will take next throughout this report. Additional research, consultations with parents, children, statutory agencies and other professionals working within and outside the communities will contribute to a well-planned and comprehensive initiative. We have provided examples of the kinds of innovation we expect to see emerging from the next stages of the planning process. We will engage in a cost-benefit analysis as we piece the ten-year plan together.

We have set our sights high for children and families in Tallaght West. To work to this vision requires us to 'step outside our own patch' and to commit ourselves to the good of the whole. The shape of our community plan will provide a template for other communities in Ireland to bring their own unique needs to. Our plans will undoubtedly include advocacy for institutional change. For this to contribute to a lasting solution, however, we know that it must be matched by changes in the ways we think and work together, and by changes in the aspirations and behaviour of our community, parents, guardians and children.

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